

HEALTH AND HUMAN SERVICES**LONG-TERM CARE; FAMILY CARE****Current law**

administered by the department of health and family services

Currently, home and community-based long-term care is provided to persons who are elderly, physically or developmentally disabled, chronically mentally ill or chemically dependent as a benefit under one or more of ~~several different~~ programs ~~under~~ DHFS. These programs are funded by federal, state or, in some instances, county moneys, and each program has individualized eligibility criteria and benefit restrictions. For elderly and disabled persons, these programs include medical assistance (MA), the long-term support community options program (COP), three community integration programs (CIPs) and community aids. MA is a comprehensive jointly ~~funded~~ federal-state health program for persons with low income and few assets. COP provides assessments of functionality and home and community-based care to, among others, elderly and disabled persons as an alternative to institutionalized care; one part of COP is funded by state moneys and the other part is funded under a joint federal-state program under a waiver of federal medicaid laws. Under other joint federal-state programs under waivers of federal medicaid laws, CIPs provide home and community-based services and continuity of care for persons relocated from institutions, including state centers for the developmentally disabled, and persons who meet requirements for MA reimbursement in nursing homes.

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Currently, under a pilot project, DHFS contracts with a public or private entity to serve as a clearinghouse of information for individuals who are interested in home or community-based long-term support services or institutional long-term care services and to perform assessments to determine an individual's functional abilities, disabilities, personal preferences and need for home or community-based services or institutional services. Under a second pilot project, DHFS ~~is authorized~~

^{may}
~~the~~ contract with counties or federally recognized American Indian tribes or bands to demonstrate the ability of counties or tribes or bands to manage all long-term care programs under a long-term care management organization.

Currently, nursing homes are prohibited from admitting patients until a physician has completed a plan of care and the patient ^{has been} ~~is~~ assessed under COP or the long-term care pilot project or ~~waives~~ ^{has waived} the assessment.

Creation of family care benefit, resource centers and care management organizations

^{This} ~~The~~ bill ^{called} establishes a program of financial assistance for long-term care and support items, ~~termed~~ ^{has waived} a "family care benefit", for persons who are eligible and are enrolled in a care management organization. The family care benefit is funded by general purpose revenues appropriated for MA, ~~MA~~ COP and ~~MA~~ community aids. DHFS must request from the federal secretary of health and human services any ^{the} waivers of federal medicaid laws necessary to permit use of federal moneys to provide the family care benefit to recipients of MA; however, regardless of whether a waiver is approved, DHFS may implement the family care benefit. Persons are eligible for, but not necessarily entitled to, the family care benefit if they are at least 18 years of age, do not have a primary disabling condition of mental illness, substance abuse or developmental disability and meet ^{certain} functional and financial eligibility criteria.

Functional eligibility criteria require functional capacity at either the comprehensive or intermediate level, as specified in the bill, or a condition that is expected to last at least 90 days or result in death within a year for a person who was a resident in a nursing home or was receiving long-term care services funded under COP, one of the CIP programs, the Alzheimer's family caregiver support program, community aids or county funding. Persons are financially eligible if they are eligible for MA ^{and} ~~if~~ the cost of their care plan exceeds countable income and assets. A person

is entitled to the family care benefit and may enroll in a care management

, an entity whose attributes are established in this bill

organization if he or she is financially eligible, meets cost-sharing requirements and meets any of several functional eligibility requirements or if he or she has a primary disabling condition of developmental disability and was a resident of a county or member of a tribe or band that operated a care management organization under a pilot project. Divestment prohibitions, prohibitions on treatment of certain trusts, provisions on protection of income and resources of a couple for maintenance of a spouse in the community, and estate recovery provisions, all of which correspond to similar prohibitions and provisions under MA, apply to enrollees, ~~under rules that DHHS must promulgate~~. A client may contest denial of eligibility, the determination of cost sharing, denial of entitlement, failure to provide timely services and support items in the plan of care, reduction of services or support items, development of an unacceptable plan of care and termination of the family care benefit, by filing a written request for a hearing within 45 days after receipt of notice of the contested matter. ~~The hearing must be held under procedures that are prescribed by DHHS~~ ~~rule~~.

The bill establishes requirements for a resource center, which, among other things, must provide ~~under a contract with DHHS~~ information and referral services, ~~determinations of functional and financial eligibility for the family care benefit,~~ ^{determine} ~~assist~~ ^{persons to} ~~in enrolling~~ in a care management organization ~~for persons who choose to do so,~~ ^{determine} and eligibility for certain other benefits, including MA. Within six months after the family care benefit is available to all eligible persons in the area of the resource center, the resource center must provide information about its services to all older persons and persons with ~~a physical disability~~ ^{disabilities} who reside in nursing homes, community-based residential facilities, adult family homes and residential care apartment complexes in the area of the resource center. A resource center must have a governing board that reflects the ethnic and economic diversity of the geographic area served by the resource center, and at least one-fourth of the governing board's

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members must be older persons or persons with physical or developmental disabilities or ~~may~~ family members, guardians or other advocates. ^{of such persons}

The bill establishes requirements for a care management organization, which must, ~~under a contract with DHFS that provides payment on a capitated basis,~~ accept ^{the} enrollment of persons who are entitled to the family care benefit, as well as ^{the} enrollment of persons who are eligible for the family care benefit and for whom funding is available. Under ^a ~~the~~ contract, ^{with DHFS} the care management organization must, among other things, conduct a comprehensive assessment for each enrollee, develop a comprehensive care plan for the enrollee and provide or contract for the provision of necessary services. DHFS may, by contract, require solvency protections for a care management organization, including the requirements that a care management organization segregate a risk reserve from other funds of the care management organization or its authorizing body and that the care management organization maintain a risk reserve in an interest-bearing escrow account with a financial institution. A care management organization must have a governing board ~~under~~ ^{that is subject to} requirements that are similar to those for the governing board of a resource center. The bill specifically exempts a care management organization from requirements for licensure as a home health agency.

Under the bill, DHFS must prescribe and implement a per person monthly rate structure for costs of the family care benefit. DHFS also must, ~~among other duties,~~ prescribe ~~by rule~~ and enforce performance standards for ^{the} operation of resource centers and care management organizations, conduct ongoing evaluations of the system implementing the family care benefit and ensure that ~~external~~ ^{independent} organizations conduct reviews of the quality of management and service delivery of resource centers and care management organizations. ~~DHFS is authorized to promulgate~~

~~relating to implementation of the family care benefit as emergency rules without the necessity of making a finding of emergency.~~

Family care district

This ~~The~~ bill authorizes county boards of supervisors to create, on a single county or multicounty basis, ~~special purpose districts that are termed~~ family care districts. Under the bill, a family care district is a ^{separate} local unit of government, ~~separate and distinct from the state and a county, for which~~ ^{of which} the primary purpose is to operate a resource center or a care management organization, but not both. The jurisdiction of the family care district is the county or counties of the county board or boards of supervisors who created the district. The family care district's board is appointed ~~for three-year terms~~ ^{or boards} by the county board of supervisors and must consist of 15 persons for a single county and, for a multicounty family care district, an additional member for each county in excess of two. Board members must be residents of the family care district's jurisdiction. ^{and must satisfy certain additional requirements} ~~At least one-fourth of the members must be representative of the client group or groups whom it is the family care district's primary propose to serve or those clients' family members, guardians or other advocates. No member may be an elected or appointed official or an employee of the county and no member may have a private financial interest in or profit from any contract or other business of the family care district.~~

~~The bill authorizes a family care district to carry out the provisions of the bill related to the family care benefit, resource centers and care management organizations. In addition, the bill grants to a family care district the powers to adopt and alter an official seal; adopt bylaws and policies and procedures to regulate its affairs; sue and be sued; negotiate and enter into leases and contracts; provide services related to services available under the family care benefit, to older persons and persons with disabilities, in addition to the services funded under the contract to operate a resource center or care management organization; acquire, construct,~~

including the power

~~equip, maintain, improve or manage either a resource center or a care management organization, but not both, employ agents, employees or special advisers, fix and regulate their compensation and provide employee benefits, mortgage, pledge or otherwise encumber the family care district's property or funds~~ ^{and} buy, sell or lease

property and maintain or dispose of it; create a risk reserve or special reserve, including as DHFS requires by contract; accept aid; and make instruments necessary to exercise its powers. In addition, the family care district may invest funds in an interest-bearing escrow account, in time deposits with a maturity of not more than two years and in federal bonds or securities. However, a family care

district may ^{not} ~~either~~ issue bonds ^{or} ~~nor~~ levy a tax or assessment.

(w/1) Under the bill, a family care district must appoint a director, who must manage the family care district's property, business and employees. The family care district must also develop and implement a personnel structure and other employment policies. ~~However,~~ with respect to the hiring of employees who formerly were county employees to perform the same or substantially similar functions that they previously performed, the family care district must ~~do the following:~~ INS. 90 A ✓

1. For an employee whose wages, hours and conditions of employment were established in a collective bargaining agreement with the county that is in effect on the date on which the individual commences employment with the district, abide by the terms of the collective bargaining agreement concerning the individual's compensation and benefits until the expiration of that collective bargaining agreement or adoption of a collective bargaining agreement with the district covering the individual as an employee of the district, whichever occurs first.

2. For an employee whose wages, hours and conditions of employment were not established in a collective bargaining agreement with the county that is in effect on the date on which the individual commenced employment with the district, initially

provide that individual the same compensation and benefits that he or she received while employed by the county.

3. Recognize all years of service with the county for any benefit provided or program operated by the district for which an employee's years of service may affect the provision of the benefit or the operation of the program.

4. If the county has not established its own retirement system for county employees, adopt a resolution to be included under the Wisconsin retirement system (WRS).

If the county has established its own retirement system for county employees, the county must do all the following:

1. Provide that family care district employees are eligible to participate in the county retirement system.

2. Provide that family care district employees are eligible to receive health care coverage under any county health insurance plan that is offered to county employees.

3. Provide that family care district employees are eligible to participate in any deferred compensation or other benefit plan offered by the county to county employees, including disability and long-term care insurance coverage and income continuation insurance coverage.

Numerous laws that apply to special purpose districts and local units of government apply to the family care district, including, among others:

1. The members of the family care district governing board and the director of the family care district are subject to the code of ethics for local government officials.

2. The family care district is exempt from the sales and use taxes.

3. The family care district is subject to public employee occupational safety and health laws.

4. The family care district is governed by unemployment compensation laws.

5. The family care district may participate in the local governmental property insurance fund.

6. The family care district is governed by municipal administrative procedures concerning constitutionally protected rights.

7. The family care district is subject to laws restricting employers from testing employees and prospective employees for human immunodeficiency virus (HIV) or an antibody to HIV.

8. The family care district is exempt from treble damages in any suit brought for its operation as a monopoly.

7. ~~8~~ Persons attempting to sue the family care district are subject to limitations on actions that may be brought against it and limitations as to the filing of the notice of the injury and recoverable damages.

The bill ^{also} provides that a family care district: _____

1. ~~Must adhere to the open records laws, except that the family care district may exchange confidential information about a client, without the client's informed consent, with a county department of social services, human services, developmental disabilities services or community programs or with a resource center or a care management organization, if the county department, resource center or care management organization is in the jurisdiction of the family care district and the exchange is necessary to enable performance of duties or coordinate service delivery to the client.~~

2. Must adhere to the open meetings laws.

3. Is subject to auditing by the legislative audit bureau and review of its performance by the joint legislative audit committee.

4. Is an employer for all purposes of the municipal employment relations laws; as such, employees of the district may organize and seek to establish all terms of wages, hours and conditions of employment through collective bargaining.

5. Is subject to prohibitions on public funding for abortions and for abortion-related activities.

6. May participate in the local government pooled-investment fund.

7. May contract with other municipalities and with federally recognized American Indian tribes and bands in this state for the receipt or furnishing of services or the joint exercise of required or authorized powers or duties.

7.8. Is exempt from local property tax and income tax.

8.9. Is subject to laws regulating buildings and safety.

9.10. Is governed by state minimum wage and hour and family and medical leave laws and is subject to worker's compensation laws.

10.11. May participate in programs of state retirement, health and long-term care benefits, disability benefits and survivor benefits, deferred compensation plans, employee-funded reimbursement accounts and health insurance premium credits and be included as a coverage group under social security.

11.12. Is an employer for the purposes of coverage for group and individual health benefits and for small employer health insurance.

12.13. Is a municipality for the purposes of laws relating to the publication of legal notices.

Under the bill, obligations and debts of a family care district are not the obligations or debts of the county that created the family care district. A family care district may be dissolved by joint action of the family care district board and the county board or boards of supervisors that created the district, subject to performance of its contractual obligations and ~~those~~ ^{approval} approved by the secretary of health and family services. If the family care district was created by more than one

county, the county boards of supervisors ^{that created the district} must agree on the apportioning of the district's property before dissolution ~~takes place~~ ^{may occur}.

Expansion of pilot projects

^{This} ~~The~~ bill authorizes DHFS to continue contracting with counties or ^{American Indian} tribes or bands under the current pilot projects until July 1, 2001. After that date, DHFS may contract with one or more entities certified as meeting requirements for a resource center and for services of an entity as a care management organization. During the first 24 months in which a county has a contract with DHFS under which the county accepts a per person per month payment for each enrollee in the county's care management organization, ^{the authority of} DHFS ~~may not~~ ^{to} contract with another organization to operate a care maintenance organization in that county ^{is restricted.} ~~unless the county agrees in~~

writing that at least one additional care management organization is necessary or desirable and the county does not have and cannot develop the capacity to serve all county residents who are entitled to the family care benefit in the client group or groups that the county serves or the governing body of a tribe or band or the Great Lakes inter-tribal council, inc., elects to operate a care management organization within the area and is certified by DHFS.

Under the bill, a county, ^{an American Indian} a tribe or band, a family care district or an organization may not directly operate both a resource center and a care management organization. If a county board of supervisors and ^{the} ~~if applicable~~ a county executive or county administrator ~~shall~~ apply to DHFS for a contract to operate a resource center, the county board may create a family care district to apply to DHFS for a contract to operate a care management organization; if the county board and ^{the} county executive or ~~county~~ administrator ~~elect to~~ apply for a contract to operate a care management organization, the county board may create a family care district to ^{to DHFS} apply for a contract to operate a resource center. If the governing body of ^{an American Indian} a tribe or band elects to apply for a contract to operate a resource center, the tribe or band

members may form a separate corporation to apply for a contract to operate a care management organization; if the governing body elects to apply for a contract to operate a care management organization, the tribe or band members may form a separate corporation to apply for a contract to operate a resource center. A county or family care district may apply jointly with a tribe or band or tribal or band corporation for a contract to operate a care management organization or resource center.

The bill authorizes a county department of social services, human services, developmental disabilities services or community programs or an aging unit authorized by the applicable county board of supervisors to apply to DHFS to operate a resource center or a care management organization. The bill also authorizes the secretary of health and family services, in order to facilitate the transition to the family care benefit system, to grant a county limited waivers to certain COP and CIP statutes and rules promulgated under those statutes.

Requirements of care facilities

This The bill requires the secretary of health and family services to certify to each county, nursing home, community-based residential facility, adult family home and residential care apartment complex the date on which a resource center that serves the area of the county, home, facility or complex is first available ~~with respect to~~ ^{to} specific groups of eligible individuals or for specified facilities, to provide a functional and financial screen. ~~Within a time period prescribed by DHFS. ^{the} Available, if the~~ ~~certification has taken place,~~ each affected nursing home, community-based residential facility, adult family home and residential care apartment complex must inform prospective residents of the facility about the services of ^{the} a resource center, the family care benefit and the availability of a functional and financial screen to determine eligibility. Also, these facilities and hospitals must refer to the resource center ^{any} person ^s who seek admission and who ^{is} ~~are~~ aged at least 65 years or ^{has} ~~have~~ a

physical disability, unless the person has received a screen for functional eligibility within the previous six months, is entering the facility only for respite care or is an enrollee of a care management organization. Failure to comply with these requirements subjects the facility to an administrative forfeiture. Current prohibitions on the admittance to nursing homes of persons without a COP or other assessment do not apply to persons for whom the secretary of health and family services has certified that a resource center is available.

Council on long-term care and board on aging and long-term care

This ~~The~~ bill creates in DHFS a 15-member council on long-term care that terminates on July 1, 2001. The council must assist DHFS in developing policy related to long-term care issues. The council also must review and make ~~nonbinding~~ recommendations to DHFS concerning the DHFS standard contract provisions for resource centers and care management organizations, the family care benefit and other matters, and must monitor patterns of complaints, persons on waiting lists and patterns of enrollments and disenrollments.

The bill ~~provides for two additional members for the current seven member~~ ^{makes several changes to the membership of the} board on aging and long-term care ~~and requires that at least five members of the~~ council ~~be aged 65 or older, have physical or developmental disabilities or be family~~ members, ^{and} guardians or other advocates of the persons. Further, the bill requires the board ~~on aging and long-term care~~ to contract with organizations to provide advocacy services, including negotiation, mediation and assistance in administrative hearings or judicial proceedings, to potential or actual recipients of the family care benefit or their families or guardians.

*** ANALYSIS FROM -0327/1 ***

OTHER LONG-TERM CARE

Under current law, a county may not use COP or CIP funds to provide services to an individual who resides in a community-based residential facility unless the

individual receives, before admission, an assessment of his or her functional abilities, disabilities and need for medical and social long-term community support services.

Current law also requires a community-based residential facility, prior to admitting a person, to prepare a statement of financial condition for a person who intends to pay for residence in the facility from private funds. The statement of financial condition must estimate a date, if any, by which the person's assets and other private funding would be depleted if he or she were to reside continuously in the community-based residential facility. If that date is less than 24 months after the date of the statement of financial condition, the community-based residential facility must provide the statement to the county department of social services.

This bill allows a county, in accordance with guidelines established by DHFS, to waive the requirement to conduct a functional assessment prior to ^{a person's} admission to ^{a person} the community-based residential facility. However, ~~under the bill~~ ^{if an individual} applies for admission to ^a the community-based residential facility on or after the date that this bill becomes law and his or her statement of financial condition indicates that, if the individual were to reside in the community-based residential facility, his or her assets and other private funds would be depleted within 12 months, ^{the} community-based residential facility must refer him or her to the county department of social services to determine whether an assessment should be conducted.

*** ANALYSIS FROM -0412/2 ***

^{Currently,} The health insurance risk-sharing plan (HIRSP) provides major medical health insurance coverage for persons who are covered under medicare because they are disabled, persons who have tested positive for human immunodeficiency virus (HIV) and persons who have been refused coverage, or coverage at an affordable price, in the private health insurance market because of their mental or physical

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health condition. Also eligible for coverage are persons (called "eligible individuals") who do not currently have health insurance coverage, but who were covered under certain types of health insurance coverage for at least 18 months in the past. HIRSP offers its enrollees who are not eligible for medicare an annual choice of coverage option. Responsibility for administering HIRSP is split between DHFS and ^{the} board HIRSP of governors (board).

Move to bill
This bill makes various changes to HIRSP. Except for an "eligible individual", *a* person who is *at least* 65 years of age is not eligible for HIRSP coverage. The bill provides that a person who has HIRSP coverage on the date on which he or she attains age 65 does not lose eligibility for coverage because of his or her age.

With certain exceptions, *current law provides that* a person for whom a premium, deductible or coinsurance amount is paid by any governmental agency is not eligible for HIRSP coverage. The bill provides that a person who receives a reimbursement from DHFS for the cost of drugs for the treatment of HIV infection and for the treatment of acquired immunodeficiency syndrome (AIDS) is not ineligible for HIRSP coverage by reason of the reimbursement.

With certain exceptions, *current law sets* the deductible for coverage under HIRSP *at* \$1,000. HIRSP pays 80% of covered costs exceeding the deductible. After a covered person has paid \$2,000 in costs, including the deductible, in a calendar year, *to pay* *at* HIRSP *pays* 100% of the covered costs for the remainder of the calendar year. If more than one member of a family has HIRSP coverage, HIRSP pays 100% of covered costs after the family has paid \$4,000 in costs. The bill specifies these values for covered persons not eligible for medicare who choose the other coverage option that HIRSP offers. Under the other coverage option, the deductible is \$2,500. HIRSP pays 100% of the covered costs after a covered person has paid \$3,500 in costs in a calendar year. For

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a family with more than one covered person, HIRSP pays 100% of covered costs after the family has paid \$7,000 in costs.

Finally, the bill gives to DHFS some of the board's responsibilities, such as establishing procedures for hearing grievances and collecting assessments from insurers, and requires the board to advise DHFS with respect to those responsibilities.

*** ANALYSIS FROM -0033/1 ***

Currently, revenues received by DHFS from skilled nursing facility violation forfeiture assessment surcharges and interest pay for certain costs that are associated with the violations, such as resident relocation to another facility and reimbursement for misappropriated property.

(hr #) This bill permits DHFS to use a portion of the penalty assessment surcharge and interest revenues for innovative projects that aim to protect health and property of residents of skilled nursing facilities.

*** ANALYSIS FROM -1462/2 ***

PUBLIC ASSISTANCE

Under current law, a county department of human services or social services (county department) or, in a ^{milwaukee} county having a population of 500,000 or more (~~Milwaukee County~~), DHFS must make payments of \$215 per month to a relative of a child who is providing care and maintenance for the child if certain conditions are met (kinship care and long-term kinship care). Under this bill, a county department or DHFS may ^{but is not required to} make those payments if certain conditions are met. The bill also provides that, notwithstanding fulfillment of the conditions of eligibility for the receipt of those payments, a relative who is providing kinship care or long-term kinship care for a child is not entitled to receive those payments.

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*** ANALYSIS FROM -1003/4 ***

Under current law, a parent who receives federal supplemental security income (SSI), or a state supplemental payment, receives a monthly supplemental payment

of \$100 for each dependent child with whom the parent lives, if certain conditions are met. This bill increases that ^{monthly} supplemental payment to \$150 per dependent child.

*** ANALYSIS FROM -1989/3 ***

Current federal law permits states to establish a demonstration project under which certain low-income individuals may establish savings accounts, referred to as individual development accounts. The funds deposited into an individual development account may be used for certain expenses associated with postsecondary education, first home purchases, business capital expenses or medical expenses, to meet necessary living expenses following loss of employment or to make payments necessary to prevent the eviction of the individual from his or her residence or the foreclosure on the mortgage for the principal residence of the individual. An individual may only deposit earned income into the account. For every dollar that the individual deposits into the account, the administering state or local agency or ^{American Indian} tribal governing body, or a qualified nonprofit agency, must deposit at least 50 cents and not more than four dollars into that account. The federal government makes a grant to the matching contributor that equals the lesser of the aggregate amount of funds committed as matching contributions from nonfederal funds or \$1,000,000. *

This bill allows the department of workforce development (DWD) to establish ^{an} individual development account demonstration project ^{in this state} in accordance with the federal law.

*** ANALYSIS FROM -0485/4 ***

Under current law, DWD is required to recover benefit overpayments made under the aid to families with dependent children (AFDC) program and under the Wisconsin works (W-2) program. JNS. from p. 105 ✓

This bill permits DWD to recover overpaid AFDC or W-2 benefit amounts from former benefit recipients by issuing a warrant directed to the clerk of circuit court.

~~The clerk of circuit court must enter the name of the person mentioned in the warrant and the amount for which the warrant is issued in the judgment and lien docket. Once entered, the warrant is considered a perfected lien upon the person's right, title and interest in all real and personal property. DWD may then file an execution commanding the sheriff of any county in which property of the person is found to collect and sell sufficient property to pay the amount stated in the warrant.~~

This bill also allows DWD to collect the overpaid AFDC or W-2 benefits by levy upon any property of the person to whom the benefits were paid (~~debtor~~). Under the bill, ~~a debtor~~ ^{such a person} who refuses to surrender the property is subject to enforcement proceedings. A third party who fails to surrender property that is subject to a levy is liable for up to 25% of the amount the debt. The bill sets forth the process for serving the levy and releasing the levy. The bill also exempts certain wages, the first \$1,000 in a bank account and certain other property from a levy. ~~Initially, under the bill, if DWD has levied upon property any person, except the debtor, who claims an interest in or lien on that property and claims that the property was wrongfully levied upon may bring a suit against the state.~~

*** ANALYSIS FROM 0702/7 *** must

Under current law, DWD is ~~directed to~~ allocate certain moneys for various public assistance programs. This bill eliminates the requirement that moneys be allocated for some of the programs and adds ^{the following} new programs to the list of those for which moneys must be allocated, ~~including all of the following:~~

1. A program to fund efforts to provide an emotionally and intellectually stimulating environment for certain low-income children under the age of five.
2. A literacy program targeted at certain low-income individuals.
3. A competitive grant program to fund programs that improve social, academic and employment skills of certain low-income youth.

4. A program to assist low-income workers ^{to} maintain their jobs and ^{to} improve their basic skills.

5. A program to match retirees with youth to provide the youth with workforce mentoring.

6. A program to encourage the positive involvement of fathers in their children's lives.

7. A grant program under which DWD ~~is authorized to~~ ^{may} award up to \$1,000,000 to counties and private entities to provide community-based alcohol and other drug abuse treatment that is targeted ^{to} ~~at~~ certain low-income individuals.

This bill also permits DWD to transfer funds received under the federal temporary assistance for needy families ~~(TANF)~~ ^{various} block grant program to other agencies for programs ~~that target TANF-eligible persons.~~

*** ANALYSIS FROM -0493/2 ***

Under current law, a county department of social or human services ~~is required~~ ^{must} ~~to~~ certify eligibility for, and issue food coupons to, needy households, except that a Wisconsin works (W-2) agency is required, to the extent permitted under federal law or waiver, to certify eligibility for and issue food coupons to eligible participants in the W-2 program.

This bill requires a W-2 agency, to the extent permitted under federal law or waiver, also to certify eligibility for and issue food coupons to: 1) persons who may be required to participate in the food stamp employment and training program; and 2) other persons who are under the age of 61 and who are not disabled.

*** ANALYSIS FROM -1186/4 ***

Under current law, certain federal economic support programs require that a state maintain or increase its average annual expenditures for those programs. This is commonly referred to as a maintenance-of-effort requirement.

This bill allows DWD to expend moneys from its ~~general program operations~~ ^{for} economic support programs appropriation ~~account~~ ^{funds that may be used for the} for services to identify ~~maintenance-of-effort funds~~ ^{requirement}.

^e Currently, under the learnfare program, a child between the ages of 6 and 17 who is the dependant child of a recipient of benefits under ~~the Wisconsin work~~ ^{plain} ~~SW-25~~ ^{may} ~~program~~ ^{plain} must meet a school attendance requirement to avoid the imposition of certain sanctions. Currently, DWD ~~has the authority to~~ ^{may} expend moneys for a study of the school attendance requirement under the learnfare program for children who are 6 to 12 years of age. This bill eliminates that ^{expenditure} authority.

*** ANALYSIS FROM -0500/1 ***

Under current law, if a recipient of certain public assistance benefits dies and the estate of the deceased recipient is insufficient to pay for the funeral, burial and cemetery expenses, the county or applicable ^{American Indian} tribal governing body or ^{the} organization responsible for burial of the recipient must pay the cemetery expenses that are not paid by the deceased recipient's estate (but not more than \$1,000) and must pay the funeral and burial expenses that are not paid by the deceased recipient's estate (but not more than \$1,000).

Under this bill, a county, tribal governing body or organization responsible for burying the recipient is not required to make a payment for funeral, burial or cemetery expenses if the request for the payment is made more than 12 months after the recipient died.

*** ANALYSIS FROM -0786/2 ***

Under current law, DWD administers a work experience program for noncustodial parents (parents who do not live with their children for substantial periods of time), commonly referred to as the ^{children first} program. A parent who fails to pay court-ordered child support or to meet the child's needs for support because of unemployment or underemployment is required to participate in the

~~children first~~ program, under which the person is provided with certain types of work experience, job training and job search assistance. Currently, DWD may contract with any county to administer the children first program. DWD pays the county \$200 for each person who participates in the program in that county.

This bill permits DWD to contract with a ~~Wisconsin works~~ (W-2) agency or a county to administer the children first program. The bill requires DWD to pay the administering county or W-2 agency \$400 for each person who participates in the ~~children first~~ program in the region in which the county or W-2 agency administers the program.

*** ANALYSIS FROM -1057/2 ***

This bill provides that ~~some of the moneys received by the state from~~ Indian gaming compacts ~~are to be transferred to the department of health and family services (DHFS)~~ ^{DHFS may use} ^{service from} to fund relief block grants to ^{American Indian} tribal governing bodies.

*** ANALYSIS FROM -1611/6 ***

WISCONSIN WORKS

Under current law, two ~~Wisconsin works~~ W-2 agencies in Milwaukee County are permitted to implement a program under which certain participants in community service jobs (wholly subsidized employment) may be paid wages rather than monthly grants. To qualify for a wage-paying community service job, the participant must already be engaged in unsubsidized employment for at least 15 hours per week. Currently, a W-2 agency may not require a person to work in a wage-paying community service job more than the lesser of 15 hours per week or the difference between 40 hours and the number of hours per week that the participant works in unsubsidized employment. If the participant qualifies for the federal earned income tax credit (EITC), current law qualifies the participant for the state EITC as well. Currently, the wage-paying community service job program is scheduled to sunset on October 1, 2001.

* This bill eliminates the sunset date for the wage-paying community service job program and expands the program, beginning on January 1, 2001, to allow all W-2 agencies to implement it for any individual that the W-2 agency determines is capable of working in an unsubsidized job but who, despite reasonable efforts, is unable to secure full-time unsubsidized employment. However, the bill caps the number of slots for the program at 2,500 statewide. Under the bill, a participant in a wage-paying community service job is disqualified from the state EITC with respect to any wages earned under the wage-paying community service job. Additionally, under the bill, the participant need not be engaged in unsubsidized employment to qualify for a wage-paying community service job. Finally, the bill allows a W-2 agency to require a participant in a wage-paying community service job to work in a community service job for not more than 30 hours per week and to participate in job search activities for not more than ten hours per week.

*** ANALYSIS FROM -0787/P1 ***

This bill requires a W-2 agency to assess the educational needs of an individual whom the W-2 agency proposes to place in unsubsidized employment or a trial job ~~(a subsidized work experience)~~. Under the bill, if the W-2 agency determines that the individual needs basic education, such as courses leading to the granting of the equivalent of a high school diploma, and if the individual wishes to pursue the basic education, the W-2 agency must make basic education a part of an employability plan that the W-2 agency develops for the individual. The bill requires the W-2 agency to pay for the basic education services.

*** ANALYSIS FROM -0608/2 ***

Under current law, with certain limited exceptions, a participant in the W-2 program (this state's welfare reform initiative which emphasizes work for benefits) may be required to work in a community service job ~~(W-2)~~ for not more than 30 hours per week and to participate in education or training activities for not more than ten

move to
C-100

hours per week. If the W-2 agency requires fewer than 30 hours of work per week because the participant has part-time unsubsidized employment, the ^{participant's} grant amount may be reduced by an amount equal to the product of \$5.15 and the difference between 30 and the number of hours that the participant is required to work.

This bill specifies that if a W-2 agency places a person in a ~~W-2~~ ^{community service job} for fewer than 30 hours per week because that person has part-time unsubsidized employment, the W-2 agency may reduce the monthly grant in accordance with a schedule developed by DWD ~~W-2~~.

*** ANALYSIS FROM -0487/3 ***

Under current law, a child care subsidy is available to a parent or guardian of a child who is under the age of 13 if the parent or guardian meets certain income and asset limits and needs ~~the~~ child care to participate in certain work-related activities, including employment skills training. If child care is needed in order to participate in employment skills training (which includes English as a second language courses, high school graduation equivalency courses and technical college courses), the parent or guardian must demonstrate that he or she has been employed in an unsubsidized job for at least nine consecutive months or that he or she is a participant in a W-2 employment position. ^{in order to receive a child care subsidy}

Under this bill, if a person wishes to receive a subsidy for child care that is needed in order to pursue basic education (such as English as a second language courses, high school graduation equivalency courses or literacy tutoring), that person must demonstrate that he or she is employed in unsubsidized employment (without regard to length of employment) or that he or she is a participant in a W-2 employment position. A person who wishes to receive a subsidy for child care that is needed in order for the person to participate in a course of study at a technical college, or to pursue education that provides an employment skill, must demonstrate that he or she has been working in unsubsidized employment for three months (and

continues to be so employed) or that he or she is in a W-2 employment position. As under current law, the W-2 agency must determine that the basic, technical or other education would facilitate the person's efforts to obtain employment.

*** ANALYSIS FROM -0700/2 ***

Under current law, a contract to operate as a W-2 agency must ~~contain certain requirements of the W-2 agency~~ ^{require} One requirement is that the W-2 agency provide, or contract with another person to provide, credit establishment and credit repair assistance to W-2 participants. Currently, DWD may allocate not more than \$3,000,000 annually for credit assistance to W-2 recipients in the city of Milwaukee.

Under this bill, rather than requiring credit establishment and credit repair services, a W-2 agency contract must require that the W-2 agency provide, or contract with another to provide, budgeting and financial planning services. The bill eliminates the allocation for credit establishment and credit repair services offered to W-2 participants in the city of Milwaukee.

^{Current} *** ANALYSIS FROM -0785/1 ***

~~Currently~~ ^{Current} contracts between DWD and W-2 agencies require the ~~W-2~~ agencies to offer follow-up services for 60 days after a W-2 participant moves from a W-2 employment position ~~to~~ to unsubsidized employment.

This bill permits a W-2 agency, subsequent to that follow-up period, to offer case management services, including the provision of employment skills training, English as a second language classes and basic education, to an individual who has moved from a W-2 employment position to unsubsidized employment, regardless of the individual's income or asset level.

*** ANALYSIS FROM -0699/3 ***

Currently, in calculating a person's income for the purpose of determining financial eligibility for W-2 ~~and~~ ^{or for a} W-2 child care, a W-2 agency must include child support payments received by the person on behalf of any child who is a member of that person's household.

subsidy

This bill removes child support payments from the income consideration. The bill also directs the W-2 agency to include in the calculation of income for W-2 child care eligibility net earnings and certain business-related expenses reported to the Internal Revenue Service for farm and self-employment income.

*** ANALYSIS FROM -0266/3 ***

MEDICAL ASSISTANCE

Under current law, ~~a person is eligible for medical assistance (MA) if the person meets certain income and asset limits and other nonfinancial criteria.~~ Certain people are eligible for MA because of substantial medical needs that consume so much of their income as to qualify them as ^{low-income}. This category of MA recipient is commonly referred to as ^{medically needy}. Other people are eligible for MA by virtue of their receipt of other federal assistance, such as ~~supplemental security income (SSI)~~. This category of ^{MA recipients} people is commonly referred to as ^{categorically needy}.

This bill directs DHFS to seek federal approval ~~of an amendment to the state MA plan~~ and to request any necessary waivers ~~from the secretary of the federal department of health and human services and from the commissioner of the social security administration~~ to expand MA eligibility to disabled persons who would qualify for SSI but for excess income and assets. Under the bill, a disabled person whose family's income is less than 250% of the federal poverty line and whose assets do not exceed \$20,000 is eligible to receive MA if the person pays a monthly premium and a one-time initial premium ~~(purchase plan)~~ established by DHFS. The bill directs DHFS, however, to pay the monthly premium for a person who is eligible for ^{this MA} the purchase plan and who is receiving services under ~~the community options program (COP)~~. The bill also authorizes DHFS to pay for that person's one-time entry premium.

*** ANALYSIS FROM -1098/3 ***

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FROM
P. 139

Current
~~PUBLIC ASSISTANCE~~

Under ~~current law~~ ^{certified} under the MA program, DHFS certifies persons or facilities that meet certain criteria as providers and pays for services and items that MA recipients receive from the providers. ~~Currently~~ DHFS is authorized or required to enforce numerous sanctions, including decertification or suspension from the MA program, against providers who fail to comply with requirements under the program or to whom improper or erroneous payments or overpayments have been made. To implement these sanctions, DHFS must provide written notice, a fair hearing and a written decision. Currently, prohibitions exist against fraud in applications for, rights to and conversion of MA benefits or payments. These prohibitions are punishable by fines and imprisonment. Lastly, under current law, if a provider who is liable for repayment of improper or erroneous payments or overpayments sells or otherwise transfers ownership of his or her business, the transferor and transferee are each liable for the repayment. The transferee must contact DHFS and ascertain if the transferor has an outstanding amount owing. DHFS may bring an action to compel payment against either the transferor or transferee if a sale or other transfer occurs and the amount has not been repaid.

This bill prohibits MA providers from submitting false claims ~~or false statements that accompany the claims~~ for payment of services or items ~~that the provider furnishes under the MA program~~. The bill permits DHFS to assess forfeitures for violations of the prohibitions and to impose a surcharge on a forfeiture that is assessed. Further, the bill establishes notice and hearing requirements for providers to contest assessment of a forfeiture; establishes forfeiture and surcharge payment requirements; and permits the attorney general to bring an action to collect outstanding forfeitures and surcharges.

The bill authorizes DHFS to require certain MA providers, as a condition of certification, to file with DHFS a surety bond, payable to DHFS, under terms and in

an amount specified by DHFS ~~by MA~~, that would reasonably pay the amount of a recovery and DHFS' costs to pursue recovery of overpayments or to investigate and pursue allegations of false claims or statements. Providers who are required to file the surety bonds are those who provide MA services, as specified by DHFS ~~by MA~~ for which providers have demonstrated significant potential to violate fraud prohibitions, to require recovery of overpayments or to need certain additional sanctions.

The bill authorizes DHFS, if ^{DHFS} ~~a~~ first makes specified findings, to prescribe MA provider certification criteria that limit the number of providers of particular services or that limit the amount of resources, including employees and equipment, that a certified provider may use to provide MA services and items.

The bill ^{makes various changes} ~~changes numerous provisions~~ relating to ^{the} ~~procedures~~ for the recovery by DHFS of improper or erroneous MA payments or overpayments, ~~including all of the following:~~

1. Reasonable notice and hearing opportunity requirements are eliminated and, instead, DHFS must promptly afford an opportunity for a provider to present information and argument, but DHFS may collect the amount to be recovered pending that opportunity.
2. A deadline for payment of recoveries is established and payment of interest on delinquent amounts is required.

The bill eliminates DHFS' general authority to suspend a provider, but ~~instead~~ authorizes DHFS, if certain criteria are met, to suspend certification for a provider pending a hearing on whether the provider must be decertified for violation of federal or state laws. The bill eliminates the right of notice, a fair hearing and a written decision for most sanctions against providers that DHFS may enforce, except for decertification from or restriction of a provider's participation in the MA program.

The bill authorizes DHFS to prescribe conditions of MA participation and reimbursement terms and to impose additional sanctions for noncompliance. The bill requires immediate access, upon request by DHFS, to provider records and specifies that a provider's failure to provide access constitutes grounds for decertification.

The bill changes provisions concerning liability for repayment of improper or erroneous payments or overpayments of a provider who sells or otherwise transfers ownership of his or her business. Under the bill, before such a sale or transfer may take place, the provider must notify DHFS of the impending sale and DHFS must inform the provider of the extent of liability, if any. If liability exists, the provider must so inform the prospective transferee of the extent of the liability and, ~~if done~~ the liability attaches to both the provider and the transferee, with the sale or other transfer conditioned upon repayment. If the provider fails to inform the transferee, liability does not attach to the transferee. Repayment must be made prior to the sale or transfer and, if not done, the sale or transfer is void.

Lastly, the bill excepts from the definition of a rule actions by DHFS in prescribing conditions of participation and terms of reimbursement for MA providers of services and in establishing guidelines for determining medical necessity and appropriateness for granting prior authorization for MA coverage of services. Thus, no rule-making is required to establish standards for these actions.

*** ANALYSIS FROM -0263/2 ***

~~MEDICAL ASSISTANCE~~

Currently, ~~under MA~~, a person who disposes of assets for less than the fair market value in order to qualify for MA is ineligible for MA for a certain period ~~of time~~. Current law specifies that a transfer of assets to an irrevocable annuity is a transfer that is below the fair market value if the amount of the transfer exceeds the expected benefit.

This bill ~~specifies~~ ^{provides} that a transfer of an asset to an irrevocable annuity, or by promissory note or similar instrument, is a transfer for the fair market value of the asset ~~only if all of the following are true:~~ ^{if certain conditions are met.}

1. The periodic payments back to the transferor include principal and interest that is at least at the prime lending rate at the time that the transfer is made.
2. The terms of the instrument provide for a payment schedule that includes equal payments, unless the payments are tied to the prime lending rate and the inequality is caused exclusively by fluctuations in that rate.

*** ANALYSIS FROM -1295/2 ***

Under current law, DHFS ~~is directed to~~ ^{must} recover from the estate of a deceased MA recipient the amount of MA paid on behalf of the recipient while the recipient was a resident in a nursing home or ~~was~~ an inpatient in a medical institution and the amount of MA paid on behalf of the recipient for certain services received by the recipient after the recipient was over the age of 55. One mechanism for recovery is ~~a claim filed against the estate.~~ ^{which may include} Another mechanism is a lien placed on the home of a recipient who is ^a nursing home resident and ~~is~~ not expected to return home. Currently, a lien may only be for the amount of MA paid on behalf of the recipient while the recipient resides in a nursing home.

This bill expands the estate recovery program as follows:

1. In addition to obtaining a lien on the home of a nursing home resident who is not expected to return home, the bill directs DHFS to obtain a lien on the home of an inpatient in a hospital who is not expected to return home. The lien, in both cases, is for the amount of MA paid on behalf of that recipient that is generally recoverable, rather than only the amount paid while the recipient was in the nursing home (or hospital).

2. ~~Under the bill~~ ^{must} DHFS is directed to recover expenditures for personal care services, which include assistance with meals, dressing, movement, bathing or other personal needs or maintenance.

Under current law, a court may reduce DHFS's claim in an estate by up to \$3,000 to allow heirs and beneficiaries to retain certain personal property, including up to \$1,000 in tangible personal property that is not used in trade, agriculture or other business.

(m) This bill ~~increases the amount by which~~ ^{allows} a court ~~may~~ ^{to} reduce DHFS's claim in an estate. ~~Under the bill, a court may reduce the claim~~ by up to \$5,000, including \$3,000 in tangible personal property that is not used in trade, agriculture or other business.

*** ANALYSIS FROM -1756/2 ***

Under current law, payments to nursing homes for care provided to recipients of MA are determined under a ~~prospective~~ payment system that considers specific allowable costs, under standards prescribed by DHFS. The standards for payment of allowable direct care costs, support service costs, heating fuel and utility costs and administrative and general costs of a nursing home may not be less than the median for such costs ^{of} ~~for~~ a sample of all nursing homes. Payment for net property taxes or municipal services are required to be made on a range from actual costs to a maximum limit determined by DHFS. Payment for capital costs of a nursing home must be based on the home's replacement value, subject to DHFS limitations, except that DHFS may not reduce final capital payment by more than \$3.50 per patient day and except that DHFS limitations do not apply to certain nursing homes that have specific high capital costs. DHFS must calculate a payment ~~rate~~ for a nursing home by applying specified standards and ^{considering} ~~the consideration of~~ specified cost centers and allowable costs ~~to information from cost reports for the nursing home's previous fiscal~~

~~year~~ Payments are based on cost reports from the nursing homes' previous fiscal year.

requirement that
This bill eliminates the ~~provisions that require DHFS to increase payment to~~
~~nursing homes for services provided to MA recipients and to base payment rates for~~
~~fiscal year~~ on information from cost reports from the nursing home's previous fiscal
year. The bill also eliminates the requirement that the standards for payment by
DHFS of allowable costs for direct care, support services, heating fuel and utilities,
administration and general services be not less than the median for such costs for
a sample of all nursing homes ~~and requires, instead, that the standards take nursing~~
although the bill still
DHFS to consider a ~~not nursing homes in determining payment~~
~~home sampling into account~~. The bill eliminates the limitation on the amount by
which DHFS may reduce final capital costs payment of a nursing home. The bill
revises the standard for payment for net property taxes or municipal services to limit
the payment to actual previous costs, subject to a maximum determined by DHFS.

*** ANALYSIS FROM -1393/3 ***

Under current law, Milwaukee County operates a general assistance medical
program funded in part with a general relief block grant.

no H) This bill ~~creates an intergovernmental transfer~~ *S* ~~of~~ funds from Milwaukee
County to the state in an amount equal to a portion of Milwaukee County's share of
the cost of providing medical services to certain low-income persons. Under the bill,
DHFS is required to distribute those funds to health care providers who have
contracted with Milwaukee County to provide the health services to those
low-income persons. The effect of this structure is to qualify the state for additional
MA moneys from the federal government to be used for supplemental payments to
the health care providers. *3*

*** ANALYSIS FROM -0287/P1 ***

Under current federal law, with certain exceptions, states are permitted to
require an individual who is eligible for ~~medical assistance~~ *MA* to enroll in a managed
care plan (generally ~~through~~ *through* a health maintenance organization, or HMO) rather
than receiving services under the traditional fee-for-service system. Federal law

prohibits states from requiring a child who is in foster care to enroll in a managed care plan as a condition of receiving ~~medical assistance~~. ^{MA}

This bill authorizes ~~the department of health and family services~~ ^{DHFS} to request a waiver from the secretary of the federal department of health and human services to permit DHFS to require children in foster care to enroll in a managed care plan as a condition of receiving ~~medical assistance~~. ^{MA} If the waiver is granted and in effect, the bill permits DHFS to implement the waiver.

*** ANALYSIS FROM -0261/2 ***

This bill requires DHFS to request a waiver from the secretary of the federal department of health and human services to permit DHFS to cover ^{under MA} clinical evaluation services for certain persons with ~~the human immunodeficiency virus~~ ^{HIV}. ~~HIV is the virus that causes acquired immunodeficiency syndrome, or AIDS.~~ The bill limits coverage to \$500 per year per person.

*** ANALYSIS FROM -1060/3 ***

~~PUBLIC ASSISTANCE~~

Currently, DHFS must annually submit to JCF a report on nursing home bed utilization by MA recipients for the previous year. If the report indicates that the utilization has decreased, DHFS must include a proposal to transfer funds from the MA ~~general purpose revenues~~ appropriation account to the COP appropriation account for expenditure for noninstitutional long-term support services.

This bill ^{provides that} ~~limits~~ the transfer of funds from ~~the MA general purpose revenues~~ appropriation account to ~~the COP appropriation account~~ to an amount that ~~would~~ ^{may} not reduce the MA appropriation account balance below the amount necessary to ensure that the appropriation account will end the current fiscal year or the current fiscal biennium with a positive balance. The bill requires that ^{DHFS'S REPORT} ~~the proposal that~~ DHFS must annually provide to JCF ~~concerning nursing home bed utilization~~ also include a discussion and detailed projection of the likely balances, expenditures,

encumbrances and [✓] carry-over of currently appropriated amounts in the MA appropriation accounts of ~~general purpose revenues and federal moneys.~~

*** ANALYSIS FROM -0315/4 ***

Currently, MA recipients may obtain coverage for inpatient hospital services and outpatient services for treatment of alcohol or other drug abuse.

(w/9) This bill provides ^{that MA recipients may receive} ~~an additional MA benefit~~, until July 1, 2003, of residential treatment services for alcohol and other drug abuse, limited to 45 days of treatment services per treatment episode. The benefit may be provided only in a facility of fewer than 16 beds in a county, city, town or village that elects both to become certified as a provider of the services, or to contract with a certified provider to provide the services, and to pay the amount of the allowable charges for the services under the MA program that is not provided by the federal government.

*** ANALYSIS FROM -1301/3 ***

Under current law, dental services are provided to MA recipients on a fee-for-service basis or under some form of managed care, such as through enrollment by a recipient in a health maintenance organization that provides dental services.

^{increases the amount paid}
(w/9) This bill ~~establishes a statutory rate of payment~~ ^{increases the amount paid} under the MA program for dental services providers who provide services on a fee-for-services basis. The bill ^{the increase in} limits payment in fiscal year 1999-2000 to the lesser of 10% over that paid for dental services in ~~1998-99~~ ^{the increase in} fiscal year 1998-99 or \$1,225,300. For fiscal year 2000-01, the bill ^a limits payment to the least of 10% over that paid in fiscal year 1999-2000, \$1,504,200 or ^{equal to the} ~~the percentage of increase over the previous year's payment that equals the~~ percentage of increase in the number of medical assistance recipients receiving dental services on a fee-for-service basis in state fiscal year 2000-01 over the number receiving dental services on a fee-for service basis in state fiscal year 1999-2000. ~~DHES must determine this percentage of increase by September 1,~~

annually
may

2000. The increase in the ~~MA/MH~~ payment ~~created by the bill~~ does not include budgeted changes in total payments that may be attributed to changes in recipient utilization of dental services that are provided on a fee-for-service basis.

*** ANALYSIS FROM -0264/3 ***

Currently, ~~in each fiscal year~~, DHFS ~~must~~ distribute ~~up to~~ \$2,256,000 of MA moneys as supplements to rural hospitals that, compared to other rural hospitals, have a high utilization of inpatient services by persons whose care is provided from governmental sources.

(w/9) This bill authorizes DHFS to distribute the supplements of MA moneys also to critical access hospitals. ~~The bill defines a~~ critical access hospital ~~as~~ ^{is} a hospital that DHFS determines meets specific federal medicaid requirements and has specific federal certification.

*** ANALYSIS FROM -0316/1 ***

Currently, DHFS is authorized to provide enhanced reimbursement under CIP for a person who was relocated to the community from an intermediate care facility for the mentally retarded that closes.

(w/9) This bill additionally authorizes DHFS to provide enhanced reimbursement under CIP for a person who is relocated to the community from an intermediate care facility for the mentally retarded, or a distinct part of the facility, that has a DHFS-approved plan of closure and that intends to close within 12 months.

*** ANALYSIS FROM -0277/4 ***

CHILDREN ^{awards}

Under current law, DHFS ~~provides~~ grants for various programs relating to youth alcohol and other drug abuse, adolescent pregnancy and other adolescent services. ~~Those~~ ^{These} programs include a neighborhood drug use and violence prevention program, a community alcohol and other drug abuse prevention program, a drug prevention program for Milwaukee public high school athletes, an adolescent self-sufficiency program, an adolescent pregnancy prevention program, an

adolescent resource center in Milwaukee, a minority adolescent parenting skills program in Milwaukee and an adolescent choices project.

This bill eliminates all of ^{these} ~~those~~ programs ^{to award} and instead ~~creates a brighter futures initiative under which~~ DHFS ^{The bill directs} distributes grants to public ~~or~~ ^{and} private organizations operating in Milwaukee County, county departments of human services, social services, community programs or developmental disabilities services operating in counties other than Milwaukee County, ^{semicolon} and federally recognized American Indian tribes or bands in this state, ^{semicolon} to provide programs to prevent and reduce the incidence of youth violence and other delinquent behavior, youth alcohol and other drug use and abuse, nonmarital pregnancy, ^{semicolon} and child abuse and neglect, ^{semicolon} to increase the use of abstinence as a method of preventing nonmarital pregnancy, ^{semicolon} and to increase adolescent self-sufficiency by encouraging high school graduation, vocational preparedness, improved social and other interpersonal skills and responsible decision making. The bill requires DHFS to provide a set of benchmark indicators to measure the outcomes that are expected of a program ^{receiving a grant} ~~funded under the initiative~~ and permits DHFS to renew a grant only if the recipient shows improvement on those indicators.

*** ANALYSIS FROM -0087/3 ***

Under current law, an agency that is responsible for investigating reports of suspected or threatened child abuse or neglect ~~(in most cases the county department of human services or social services (county department), but in some cases DHFS or a child welfare agency)~~ must determine, within 60 days after receipt of such a report, whether abuse or neglect has occurred or is likely to occur. Currently, there is no procedure for appealing that determination. This bill ~~permits a person who has been found to have abused or neglected a child to~~ appeal that finding in accordance with procedures established by DHFS.

^{provides that if such a} *** ANALYSIS FROM -0088/3 ***
determination contains a finding that a specific person has abused or neglected a child, that person may

Under current law, an agency that is responsible for investigating reports of suspected or threatened child abuse or neglect must keep its records confidential and may disclose those records only under certain ~~exceptions~~ ^{conditions}. This bill permits such an agency, subject to standards established by DHFS, to disclose to the news media and the general public information from the agency's records in cases in which a child died or was placed in serious or critical condition as a result of abuse or neglect.

*** ANALYSIS FROM -0090/4 ***

Under current federal law, each state that receives a grant under the federal Child Abuse Prevention and Treatment Act must establish not less than three child abuse and neglect citizen review panels to evaluate the extent to which local agencies responsible for providing child protective services are effectively discharging their responsibilities and must ensure that otherwise confidential child abuse and neglect records are made available to those panels. This bill permits a child abuse and neglect citizen review panel established by DHFS or a county department to have access to the otherwise confidential child abuse and neglect records of an agency responsible for child protection as necessary for the panel to carry out its functions.

*** ANALYSIS FROM -0701/4 ***

Under current law, a person is eligible for a subsidy for child care for a child who is under the age of 13 if the person meets certain ~~financial and nonfinancial~~ requirements. ~~For example,~~ ^{the} person must be a parent or other primary caretaker of the child; the person must initially have a gross income at or below 165% of the federal poverty line; and the person's assets ~~may~~ ^{may} not exceed \$2,500 in combined equity value.

This bill expands eligibility for a child care subsidy beginning on January 1, 2000. Under the bill, the initial income limit is increased to 185% of the poverty line and the asset limit is eliminated. The bill also expands the subsidy to cover child care for disabled children who are under the age of 19.

must

*** ANALYSIS FROM -0687/5 ***

Under current law, DWD ~~is required to~~ award grants for the start-up or expansion of child care services and ~~is required to attempt to award those~~ ^{these} grants to head start agencies, employers that provide or wish to provide child care services for their employees, family day care centers, group day care centers and day care programs for the children of student parents. A person who is awarded a child care start-up or expansion grant ~~is required to~~ ^{must} contribute matching funds, ~~either in the form of money or in-kind services or both~~, equal to 25% of the amount awarded and ~~is prohibited from using~~ ^{may not use} any grant moneys to purchase or improve land or to purchase, construct or permanently improve, other than minor remodeling, any building or facility.

This bill requires DWD to award low-interest loans for the start-up or expansion of child care services. Under the bill, the same requirements that apply to the awarding of child care start-up or expansion grants, other than the matching funds requirement, apply to the awarding of child care start-up or expansion low-interest loans. The bill also requires DWD to attempt to award child care start-up and expansion grants and low-interest loans to organizations that provide child care for sick children and to child care providers that employ participants or former participants in a W-2 employment position.

*** ANALYSIS FROM -0492/7 ***

Under current law, if a W-2 agency determines that a person is eligible for a child care subsidy, the W-2 agency must refer that person to the county department ~~of social services or the county department of human services (county department)~~. The county department determines, in accordance with a schedule developed by DWD, the amount of the person's copayment for child care; provides a child care subsidy, either in the form of a voucher or a direct payment to the child care provider; and helps the person identify available and appropriate child care. The county

department also sets maximum reimbursement rates for child care providers and certifies certain child care providers. Finally, under current law, a county department is responsible for conducting a background investigation of child care providers prior to certifying them.

Milwaukee County
This bill permits DWD to require a county department, a tribal governing body or a W-2 agency to administer the child care subsidy program, except that in ~~counties with a population of 500,000 or more~~, DWD must require a W-2 agency to administer the child care subsidy program in that county. Under the bill, whichever entity administers the program is responsible for determining the copayment amount, providing the subsidy, conducting background investigations on and certifying child care providers and identifying available and appropriate child care for subsidy recipients. County departments, however, retain the responsibility for setting maximum reimbursement rates for child care providers.

Under current law, DHFS may not license a person to operate a foster home, treatment foster home, group home, shelter care facility, child welfare agency or day care center; a county department or a child welfare agency may not license a person to operate a foster home or treatment foster home; a county department may not certify a person as a day care provider; and a school board may not contract with a person to operate a day care program ~~entity~~ if the person has been convicted of or has pending a charge for a serious crime, as defined by DHFS by rule; has abused or neglected a client or a child; has misappropriated client property; or is not sufficiently credentialed to provide adequate client care. In addition, ~~an~~ entity may not hire or contract with such a person if the person is expected to have access to ~~the~~ ^{the entity's} clients and may not permit such a person to reside at the entity as a nonclient. Such a person may, however, subject to certain exceptions, demonstrate that he or she has been rehabilitated. At time of initial licensure, certification, hiring, contracting or residence and every four years after that, DHFS, a county department, a child

such a licensed, certified or contracting

2

welfare agency or a school board must obtain, with respect to an operator or nonclient resident of an entity, and an entity must obtain, with respect to an employee or contractor who has or is expected to have access to ~~the~~ ^{the entity's} clients, certain personal background information, including information obtained from a criminal history search. DHFS, a county department, a child welfare agency or a school board may charge a fee for obtaining this background information about an operator or nonclient resident of an entity.

This bill changes the type of interaction with clients that ~~employees~~ ^{the employee or contractor} or contractor ~~must~~ ^{can} have to require a background investigation of ~~them~~ ^{an} and to prohibit ~~them~~ ^{the employee or contractor} from being hired by or ~~from~~ ^{from} contracting with an entity. The bill, rather than requiring an investigation of an employee or contractor who has or is expected to have access to a client, instead requires an investigation of an employee or contractor who provides or is expected to provide to clients direct care that is more intensive than negligible in quantity or quality or in the amount of time required to provide the care. The bill also permits DHFS, a county department, a child welfare agency, a W-2 agency or a school board to charge a fee for the cost of providing background information to an entity about an employee or contractor and to charge a fee to a person for the cost of determining whether the person has ~~been~~ ^{been} rehabilitated.

*** ANALYSIS FROM -0085/4 ***

Under current law, a foster home may provide care and maintenance for no more than four children ~~or if~~ ^{unless} all of the children are siblings, ~~for more than four children.~~ This bill permits a foster home to provide care and maintenance for no more than four children or, if necessary to enable a sibling group to remain together, for no more than six children or, if DHFS promulgates rules permitting a different number of children, for the number of children permitted under those rules.

*** ANALYSIS FROM -0086/3 ***

Under current law, subject to certain exceptions, DHFS, a county department or a licensed child welfare agency (collectively "agency") may not make available for inspection or disclose the contents of any record kept or information received about an individual in the care or legal custody of the agency except by order of the court assigned to exercise jurisdiction under the children's code (juvenile court). Current law, however, is silent as to the confidentiality of records kept and information received relating to a foster parent, treatment foster parent or family-operated group home parent (substitute care parent). This bill prohibits an agency from making available for inspection or disclosing the contents of any record kept or information received relating to a substitute care parent or a family member of a substitute care parent without first receiving the written permission of the substitute care parent, except by order of the juvenile court. The bill does not prohibit an agency from disclosing information in confidence to another social welfare agency, ^{from} disclosing the contents of a record as permitted under the child abuse and neglect reporting law, ^{from} disclosing to the child's parent, guardian or legal custodian the name and address of the substitute care parent or ^{from} including the location of the child's placement in the child's permanency plan.

*** ANALYSIS FROM -0272/1 ***

Current law appropriates to DHFS certain ~~state~~ general purpose revenues (GPR) [✓] and federal revenues for foster care and for adoption assistance payments to parents who adopt children with special needs. This bill expands the purposes for which GPR and federal foster care and adoption services moneys are appropriated ^{to DHFS} to include the cost of contracting with private adoption agencies to provide adoption services for children with special needs who are under the guardianship of DHFS.

*** ANALYSIS FROM -0276/1 ***

Under current law, in a ~~county with a population of 500,000 or more~~ Milwaukee County[✓], DHFS is required to provide the juvenile court with services necessary for

investigating and supervising child welfare cases under the children's code and the county board of supervisors is required to provide the juvenile court with services necessary for investigating and supervising cases under the juvenile justice code. Child welfare cases under the children's code include cases in which a child is alleged to have been abused or neglected or otherwise to be in need of protection or services under the children's code, ~~and~~ ⁼ cases under the juvenile justice code include cases in which a juvenile is alleged to be delinquent, in violation of a civil law or ordinance or in need of protection or services under the juvenile justice code, that is, habitually truant from home or school, uncontrollable or a school dropout. The chief judge of the judicial administrative district covering Milwaukee County must formulate written judicial policy governing intake and juvenile court services for matters under the children's code and the juvenile justice code.

This bill prohibits the chief judge from directing DHFS to provide intake and juvenile court services in cases in which the referral information indicates that the juvenile should be referred to the juvenile court under the juvenile justice code, unless that information indicates that the juvenile should also be referred to the juvenile court under the children's code. The bill also requires the chief judge to direct DHFS and Milwaukee County to coordinate the provision of services in cases in which a DHFS intake worker determines that jurisdiction exists under the juvenile justice code instead of or in addition to the children's code and in cases in which a Milwaukee County intake worker determines that jurisdiction exists under the children's code instead of or in addition to the juvenile justice code.

*** ANALYSIS FROM -1967/3 ***

HEALTH

Under current law, DHFS must administer a health care program (known as "badger care") to provide health care coverage to low-income (generally defined as

having an income at or below 185% of the federal poverty line) children and their parents if the children reside with their parents.

This bill expands the badger care program to cover any child under the age of 19 ~~and~~ who meets financial and other eligibility requirements, regardless of whether the child resides with his or her parents. The bill also requires DHFS to lower the maximum income level for initial eligibility for badger care if funding for badger care is insufficient to accommodate the projected enrollment in badger care and requires DHFS to raise the income limit to up to 185% of the federal poverty line if, after having lowered the income level, funding for badger care becomes sufficient to cover projected enrollment of persons at the higher income level.

*** ANALYSIS FROM -0333/2 ***

Under current law, DHFS may not license, certify, issue a certificate of approval to or register a person to operate an adult treatment facility, ^{or} organization or service ^{to provide adult treatment} if DHFS knows that the person has been convicted of or has pending a charge for a serious crime; has been found to have abused or neglected a facility client or misappropriated client money; has abused or neglected a child; or is not sufficiently credentialed to provide adequate client care. ^{In addition, an} ~~An~~ adult treatment facility, ^{a person providing} organization or service ^{that} may not hire such a person if ^{the} person may have access to

clients and may not allow him or her to reside as a nonclient at the facility. The prohibitions do not apply if the person demonstrates to DHFS ~~by clear and convincing evidence and under specific procedures~~ that he or she has been rehabilitated, unless the person has been convicted of certain offenses. DHFS must

obtain specific personal background information, including that obtained from criminal history searches, about persons applying to operate facilities, ^{or} organizations ^{or applying to} and services. ^{provide adult treatment} In addition, DHFS must obtain the information every four years for all persons licensed to operate facilities, ^{such} organizations ^{or} and services ^{or to provide such} and for nonclient facility residents. Every adult treatment facility, organization ^{or} service ^{and every person who provides adult treatment} must obtain

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An adult
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and every adult treatment facility must obtain such information about

the same types of information about prospective employees or contractors

persons who seek to reside as nonclients in the facilities

every four years for employees or contractors. DHFS is authorized to charge a fee for

conducting those personal background information checks

This bill authorizes DHFS to charge a fee for the costs of providing personal

background information to an adult treatment facility, organization or service about

an employee or contractor or prospective employee or contractor of the facility,

organization or service. Additionally, the bill authorizes DHFS to charge a fee to

persons for the costs incurred by DHFS under requests to demonstrate that the

persons have been rehabilitated.

*** ANALYSIS FROM -1059/3 ***

~~OTHER HEALTH AND HUMAN SERVICES~~

The bill changes the type of interaction with clients that prospective employees or prospective contractors must have in order to require investigation of their

backgrounds and to prohibit them from being hired by or contracting with adult treatment facilities, organizations or services. The bill, rather than requiring

investigation of a person who has or is expected to have access to the clients of the

facility, organization or service, instead requires investigation of a person who

provides to the clients or is expected to provide to them, direct care that is more

intensive than negligible in quantity or quality or in the amount of time required

to provide the care. Restrictions on nonclient residents at the facility, organization

or service are unchanged by the bill.

*** ANALYSIS FROM -0178/2 ***

~~HEALTH~~

Under current law, DHFS administers the birth and developmental outcome monitoring program (BDOMP). Under that program, a report must be made to

DHFS by a physician or nurse who diagnoses or confirms a suspected diagnosis that

a child under the age of six has a condition resulting from a low birth weight, a

on behalf of
to conduct background investigations for adult treatment facilities and organizations and persons who provide adult treatment services and

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must be obtained

chronic condition possibly requiring long-term care, a birth ^{must} defect or a developmental disability or other severe disability. DHFS ~~is required to~~ develop and implement a system for the collection, updating and analysis of the information reported and to disseminate the information. ~~DHFS must also publish an annual report and submit the report annually to the chief clerk of each house of the legislature and to counties on the results of the information collected through the reports~~

^{eliminates.} This bill ~~replaces BDOMP with a program that~~ requires physicians, hospitals, certain clinics and clinical laboratories to report birth defects identified in children under the age of two to DHFS. ^{. Instead, the bill} ~~Under the bill, a birth defect is defined as a structural deformation, or a genetic, inherited or biochemical disease, that occurs prior to or at birth and that requires medical or surgical intervention or interferes with normal growth and development.~~ The bill requires DHFS to establish and maintain a registry that documents the diagnosis of a birth defect in a child under the age of two. As under current law, personally identifying information that is contained in the reports made to DHFS is confidential and, with certain exceptions, may not be released to any person. Finally, the bill creates a council on birth defect prevention and surveillance to advise DHFS regarding the registry and rules related to reporting.

*** ANALYSIS FROM -0329/4 ***

Under current law, DHFS licenses and otherwise regulates emergency medical technicians and ambulance service providers. DHFS may charge a reasonable fee for licensure.

^{This} ~~The~~ bill authorizes DHFS to impose forfeitures on ambulance service providers for violation of laws that prescribe conditions for licensure and for operation of ambulances. The bill clarifies that DHFS may charge a fee for ^{the} ~~renewal~~ of licenses for emergency medical technicians and ambulance service providers and authorizes

DHFS to charge fees for untimely license renewal. DHFS must, ~~under the bill,~~ promulgate rules to establish the amounts for assessments of the forfeitures, fees for license renewal and late renewal fees. ~~DHFS may promulgate these rules as emergency rules without the necessity of making a finding of emergency.~~

*** ANALYSIS FROM -0183/2 ***

This bill ~~removes from the statutes outdated references to tuberculosis sanatoriums and hospitals. The bill also~~ does all of the following with respect to tuberculosis:

1. Requires that laboratories that perform primary culture for mycobacteria also perform organism identification for mycobacterium tuberculosis and conduct antimicrobial drug susceptibility tests on the mycobacterium tuberculosis bacteria. The results of that test must be reported to DHFS.

2. Creates a process by which a person with infectious tuberculosis or with a suspected case of tuberculosis may be confined pending a hearing if the confinement is to be longer than 72 hours.

3. Permits local health departments to request from DHFS certification to establish and maintain a public health dispensary.

*** ANALYSIS FROM -1058/1 ***

This bill provides that ~~some of the moneys received by the state~~ from Indian gaming compacts ~~are to be transferred to the department of health and family services (DHFS)~~ to fund grants for cooperative American Indian health projects. *DHFS may use moneys derived*

*** ANALYSIS FROM -0026/1 ***

Under current law, DHFS must ~~base fees~~ base fees for renewal of home health agency licenses on the annual net income, as determined by DHFS, of each home health agency seeking license renewal.

(w/ff) This bill eliminates annual net income of home health agencies as a basis for establishing fees for home health agency license renewal, thus permitting DHFS ~~by rule~~ to base fees on any criterion.

*** ANALYSIS FROM -0689/2 ***

~~HEALTH AND HUMAN SERVICES~~

MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, a person who is believed to be mentally ill and a proper subject for treatment and who evidences certain acts, omissions or other behavior that indicate that he or she satisfies at least one of five standards of dangerousness may be detained on an emergency basis and transported to and detained and treated in a mental health treatment facility. A petition signed by three others may be brought against the detained person alleging that the detained person is mentally ill, is a proper subject for treatment and is dangerous because he or she meets a standard for involuntary civil commitment. ~~(Emergency detention is not, however, a prerequisite to bringing such a petition, it can be brought against any person.)~~ If such a petition is filed with a court, the subject of the petition must be given a hearing to determine if there is probable cause ~~sufficient~~ to support the petition's allegations. If a court finds probable cause, a final hearing on commitment must be held ~~and~~ if, ~~again~~ ^{at the hearing}, the person is found to ~~have satisfied~~ ^{satisfy} one of the standards of dangerousness he or she may be involuntarily committed to the care and custody of a county department of community programs for appropriate treatment.

Currently, one of the five standards of dangerousness for involuntary civil commitment terminates on December 1, 2001. That standard, known as the ⁵ fifth standard, requires that a person, because of mental illness, either evidence ⁵ the incapability of expressing an understanding of the advantages and disadvantages of and alternatives to accepting a particular medication or treatment after these have been explained to him or her or evidence ⁵ substantial incapability of applying an understanding of those advantages, disadvantages and alternatives to his or her mental illness in order to make an informed choice as to whether to accept or refuse medication or treatment. The person also must evidence a substantial probability,

as demonstrated by both his or her treatment history and recent acts or omissions, that he or she needs care or treatment to prevent further disability or deterioration. Lastly, the person must evidence a substantial probability that he or she will, if left untreated, lack services necessary for his or her health or safety and suffer mental, emotional or physical harm that will result in either the loss of his or her ability to function independently in the community or the loss of cognitive or volitional control over his or her thoughts or actions.

~~Under current law, the attorney general or his or her designee must review an emergency detention that is made under the fifth standard before the detention takes place or within 12 hours after. If the attorney general or designee disapproves or fails to act with respect to the proposed detention, it may not be carried out; if the attorney general or designee disapproves or fails to act with respect to an actual emergency detention, the detained person must be released. The attorney general or designee also must review a petition for involuntary commitment that is based on the fifth standard before the petition is filed with a court or within 12 hours after the filing. If the attorney general or designee disapproves or fails to act with respect to a proposed petition, the petition may not be filed; if the attorney general or designee disapproves or fails to act with respect to a filed petition, the subject of the petition, if he or she has been detained under the petition, must be released and the petition is void. These provisions do not apply if the attorney general or designee makes a finding that a court of competent jurisdiction in this state, in a case challenging the constitutionality of the fifth standard, has upheld the constitutionality.~~

Currently, the inpatient treatment of persons who are involuntarily committed under the fifth standard may not be more than 30 days, unless the person violates a condition of outpatient treatment. Medication and treatment may be administered without the consent of the person if a court finds probable cause to believe that the

person meets the fifth standard and if the court finds at the final commitment hearing that the standard is met.

This bill eliminates the December 1, 2002, termination of the fifth standard for emergency detention and involuntary civil commitment of persons with mental illness.

Currently
*** ANALYSIS FROM -0112/2 ***

Also if a person is found to be a proper subject for treatment and is found to satisfy *at least* one of the standards of dangerousness, the person may initially be committed for treatment for a period not to exceed six months. In addition, a commitment order may be extended after an evaluation of the person. Each consecutive commitment order *extension* may be for a period not to exceed 12 months.

An inmate of a jail, house of correction or prison may be subject to an involuntary commitment proceeding based on a petition described above. However, there is an alternative petition that may be used to begin an involuntary commitment proceeding against an inmate. This alternative petition must allege all of the following: 1) that the inmate is mentally ill, is a proper subject for treatment and is in need of treatment; 2) that the inmate has been fully informed about, and has had the opportunity to discuss, his or her treatment needs and the mental health services available to him or her; and 3) that appropriate less restrictive forms of treatment have been attempted and have been unsuccessful. If an inmate is committed based on an alternative petition, the total period that the inmate may be committed may not exceed 180 days in any 365-day period.

This bill extends the ~~now~~ period for which an inmate of a state prison may be committed based on an alternative petition. ~~Under the bill, any order of commitment of a state prison inmate that is based on an alternative petition may be for a period not to exceed one year.~~ ^{to} The bill does not change the current time limits on the

commitment of an inmate of a jail or house of correction based on an alternative petition.

*** ANALYSIS FROM -0284/3 ***

Current law provides a procedure for involuntarily committing sexually violent persons to DHFS for control, care and treatment. A sexually violent person is a person who has been convicted of certain sexually violent offenses and who is dangerous because he or she suffers from a mental disorder that makes it substantially probable that the person will engage in acts of sexual violence.

under current law When a person is found to be a sexually violent person under current law, the person must be committed to the custody of DHFS. The court that commits the person must specify whether the person is to be placed in institutional care or on supervised release in the community, and DHFS must arrange for control, care and treatment of the person in the least restrictive manner consistent with the requirements of the person and in accordance with the court's commitment order.

plain If the court decides to place the person on supervised release, DHFS and the county social services department ~~county department~~ of the person's county of residence must prepare a plan for the treatment and services that the person will receive while on supervised release. ~~except that~~ if the county department of the person's county of residence declines to prepare a plan, DHFS or the court must find another county department to prepare the plan. The court of appeals ~~has~~ held that once a court has ordered a person placed on supervised release, the person must be released and DHFS and the county responsible for preparing the plan must provide or contract for appropriate treatment and services or, if such treatment and services are not available, create them. In State v. Sprosty, 221 Wis. 2d. 401 (Ct. App. 1998) *

This bill makes the following changes relating to supervised release of sexually violent persons:

1. The bill establishes new guidelines for a court's decision concerning whether to place a person on supervised release. Under the bill, a court may not order a person to be placed on supervised release if the court finds that it is substantially probable that the person will engage in acts of sexual violence unless the person resides in a facility with a level of security comparable to that of a secure mental health unit or facility.

(w/ff) However, even if it makes this finding, the court may withhold its decision concerning placement and order DHFS and the appropriate county department to prepare a plan for supervised release for the person. ~~The court may withhold its decision and order a plan prepared~~ ^{but} only if the person first establishes that it is likely that the daily cost of providing the necessary programs and facilities for control, care and treatment of the person on supervised release would not exceed the daily cost of control, care and treatment of the person at a secure mental health unit or facility.

If the court withholds its decision and orders preparation of a supervised release plan, the court ^{must} ~~then proceeds to~~ consider whether to approve or disapprove the plan under the new procedure created by the bill (see item 2., below), ~~except that~~ . * even if the plan meets the criteria for approval under the new procedure, the court may approve the plan and place the person on supervised release only if the daily cost of supervised release would not exceed the daily cost of institutional care at a secure mental health unit or facility.

2. The bill creates a new procedure that a court must use to approve or disapprove a supervised release plan. Under the bill, the court must hold a hearing on a proposed supervised release plan within 30 days after the plan is presented to the court. Based on evidence provided at the hearing, the court must approve the plan if it determines that the plan provides adequate treatment and services to the person and adequate protection to the community. Likewise, the court must disapprove the plan if it determines that the plan does not provide adequate

treatment and services to the person and adequate protection to the community. If the court disapproves the plan, DHFS and the county department must revise the plan and present it to the court again. If the court approves the plan, the court must ^{that} ~~also~~ order the person ^{be} placed on supervised release in the county that prepared the plan. ~~Finally, the bill requires~~ DHFS and the county department that prepared the plan ^{must} ~~to~~ implement the plan and ~~allows~~ DHFS ^{may} ~~to~~ ask the court for any orders that are necessary to ensure implementation of the plan.

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*** ANALYSIS FROM -0326/3 ***

This bill requires DHFS to contract with counties or federally recognized American Indian tribes or bands to provide ~~from state general purpose revenues and federal moneys~~ ^{one or} two demonstration projects in fiscal year 2000-01. The projects are to provide mental health and alcohol or other drug abuse services under managed care programs of MA to persons who suffer from mental illness, alcohol or other drug dependency, or both illness and dependency. DHFS must submit for approval by the secretary of the federal department of health and human services any necessary requests for waiver of federal medicaid laws to effectuate these managed care demonstration projects.

The bill ~~defines various terms and~~ authorizes DHFS ~~within the limits of available state and federal funds~~ to do all of the following:

1. Promote the creation of coalitions to develop, coordinate and provide resources to advance prevention, early intervention, treatment, recovery and other achievements for consumers of mental health and alcohol and other drug abuse services.
2. In cooperation with specified parties, develop and implement a comprehensive strategy to reduce ^{the} stigma of ^{mental illness, alcoholism and drug dependency} and discrimination against persons with mental illness, alcoholics and drug dependent persons.

to reduce

3. Develop and implement a comprehensive strategy to involve counties, service providers for mental health and alcohol and other drug abuse services, consumers, interested community members and advocates as equal participants in service system planning and delivery.

4. Promote responsible stewardship of human and fiscal resources in the provision of mental health and alcohol and other drug abuse services.

5. Develop and implement methods to identify and measure outcomes for consumers. - goals?

6. Promote access to appropriate mental health and alcohol and other drug abuse services regardless of a person's geographic location, age and other factors.

7. Promote consumer decision making.

8. Promote provider use of individualized service planning.

The bill requires DHFS to ensure that service providers who use individualized service planning meet certain requirements in using the planning.

*** ANALYSIS FROM -0023/4 ***

Under current law, the Mendota Mental Health Institute and the Winnebago Mental Health Institute are operated by DHFS to provide specialized psychiatric services, research and education. In addition, DHFS ~~is authorized to~~^{may} establish a system of outpatient mental health clinic services in any institution that DHFS operates. ^A~~The~~ county department of community programs must under contract authorize all care of most patients in the mental health institutes. Also, DHFS may provide outpatient services at the Winnebago Mental Health Institute to ^{public}~~school~~ district pupils.

This bill eliminates the explicit authorization for the Winnebago Mental Health Institute to provide outpatient mental health services for pupils. ^{Instead,} The bill, ~~instead,~~ authorizes DHFS to ^{allow}~~authorize~~ a mental health institute to offer, when DHFS determines that community services need to be supplemented, mental health

outpatient treatment and services, day programming, consultation and services in residential facilities, including group homes, child caring institutions and community-based residential facilities, that are situated on the grounds of a mental health institute. These services may be provided only under a contract between DHFS and specified entities, to persons who are referred by the entity. Further, the services are governed by the terms of the contract or by statutes and DHFS rules that regulate facilities, govern certain mental health services and provide mental health patient rights. In the event of a conflict between contract provisions and these statutes or rules, the services must comply with the contractual, statutory or rules provision that is most protective of the health, safety, welfare or rights ^{of} the recipient of the services, as determined by the mental health institute. Specified mental health statutes, including emergency detention and commitment laws, and zoning and other county, city, town or village ordinances, do not apply to provision of the services.

*** ANALYSIS FROM -1547/2 ***

Under current law, DHFS provides ~~from general purpose revenues~~ funding through county departments of community programs for mental health treatment services for persons who are in or relocated from facilities that have been found by the federal health care financing administration to be institutions for mental diseases (and, thus, ineligible for receipt of MA). Also under current law, every person who applies for admission to a nursing home or to an institution for mental diseases must be screened to determine if the person has a developmental disability or ^a mental illness and, if so, whether the person needs facility care and active treatment for the developmental disability or mental illness.

This bill requires DHFS to provide funding ~~from general purpose revenues~~, as ~~a part of mental health treatment services for persons in or relocated from institutions for mental diseases~~, for active treatment ~~for mental illness~~ ^{of} a person.

in ~~the facility~~ ^{✓ a nursing home or institution for mental diseases} who has been determined, through screening, to have ^a mental illness and to need the treatment.

*** ANALYSIS FROM -1173/1 ***

Under current law, county departments of community programs authorize ~~all~~ ^{the} care of ~~any~~ ^{all} patient ^s in ~~state~~ ^{state} mental health institutes. DHFS regularly bills ~~the~~ ^{the} county departments of ~~community programs~~ for care provided by mental health institutes at rates that reflect the estimated per diem cost of specific levels of care, as adjusted periodically by DHFS.

This bill authorizes DHFS to set rates on a flexible basis, rather than at the estimated per diem cost of specific levels of care, for billing county departments of community programs for care provided in mental health institutes. The bill requires that the flexible rate structure recover the cost of operations.

*** ANALYSIS FROM -0025/1 ***

Under current law, DHFS provides services at the southern center for the developmentally disabled for up to ten developmentally disabled persons who ~~have~~ ^{are mentally ill} ~~mental illness~~ or exhibit extremely aggressive and challenging behaviors and for up to 12 such persons at the northern center for the developmentally disabled.

^{nr 9} This bill increases to 36 the ~~number of developmentally disabled~~ ^{total =} persons ^{= such} ~~who have mental illness or exhibit extreme behaviors~~ for whom DHFS may provide services and permits the services to be provided at the southern, northern and central state centers for the developmentally disabled.

*** ANALYSIS FROM -1164/5 ***

OTHER HEALTH AND SOCIAL SERVICES

Under current law, DHFS and the department of commerce are ~~together~~ ^{jointly} authorized to ~~perform various actions, including impounding materials~~ ^{to} regulate sources of ionizing and nonionizing radiation. DHFS annually registers sites of ionizing radiation installations, such as medical sites, and imposes annual fees for

each site and each X-ray tube at the site. Violation of the regulatory statutes or rules subjects the violator to a forfeiture.

This bill eliminates ^{the} authority of the department of commerce to regulate sources of ionizing and nonionizing radiation. The bill authorizes the governor to enter into agreements with the U.S. Nuclear Regulatory Commission to discontinue certain federal governmental licensing and related regulatory authority with respect to by-product, source and special nuclear radioactive material and to assume state regulatory authority. Under the bill, if the agreements are made, persons possessing licenses issued by the U.S. Nuclear Regulatory Commission are considered to be licensed by the state, ~~the licenses expire 90 days after notice of expiration by DHFS or on the expiration date of the former federal licenses, whichever is earlier. Rules promulgated by DHFS for regulating by-product, source and special nuclear radioactive material may not be less stringent than federal statutory standards.~~

Beginning January 1, 2003,

~~The bill establishes authority, as of January 1, 2003, for~~ ^{authorizes} DHFS to license specifically the possession, use, transfer or acquisition of radioactive by-product material and to license specifically the possession, use, manufacture, production, transfer or acquisition of radioactive material or devices or items that use radioactive material and to operate a site that uses radioactive material. DHFS may assess

~~annual fees, prescribed by rule, for the initial licenses, renewals, annual license maintenance, and license amendment and termination and must promulgate rules for issuance, modification, suspension, termination and revocation of specific licenses and for requirements for general licenses.~~

^{authorizes} DHFS ~~also is authorized~~ to establish general license requirements for the possession, use, transfer or acquisition of by-product radioactive material or devices or items that contain by-product radioactive material. ~~In addition, DHFS is authorized to issue reciprocal~~

~~no~~ ^{no} ~~the~~ ^{the} bill also authorizes

~~recognition of a license for radioactive materials of another state or the U.S. nuclear regulatory commission and to assess a fee for the recognition.~~

The bill authorizes DHFS annually, until January 1, 2003, to assess a fee of 36% of the U.S. nuclear regulatory commission license application fee and ^{annual} materials license ~~annual~~ fee, for any person in this state holding a license issued by the U.S. nuclear regulatory commission. The bill ^{also} authorizes DHFS to revise the fee amounts ~~by rule~~.

The bill eliminates court-imposed forfeitures for violations of the radiation regulatory statutes and rules of DHFS and instead establishes administrative forfeitures that DHFS may directly assess ~~and procedures for notice, a hearing for contested cases, forfeiture payment and disposition and enforcement.~~

Lastly, the bill authorizes DHFS to issue emergency orders to protect the public from radiation exposure; increases the annual fee ^S ~~amounts~~ for registration of ionizing radiation installation sites and for X-ray tubes at those sites; and changes current law to prohibit, rather than ^{to} allow, ^{the} transfer of registration of ionizing radiation installations if ownership transfers.

~~*** ANALYSIS FROM -0260/2 ***~~

~~The health insurance risk sharing plan (HIRSP) ~~under current law~~ provides major medical health insurance coverage for, among others, persons who are covered under medicare because they are disabled, ^{but for which} persons who are eligible for MA are not eligible ~~for HIRSP~~. The bill ^{also} requires DHFS to evaluate how to coordinate ^{DHFS is required} HIRSP with the program ~~expanding MA eligibility~~ and, if necessary, to develop proposed legislation that coordinates the two programs and that addresses the provision of health care coverage for individuals who are eligible for both HIRSP and ~~the expanded eligibility program~~ ^{the MA purchase plan}.~~

*** ANALYSIS FROM -1549/2 ***

the MA purchase plan with

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Appropriates

~~ALCOHOL AND OTHER DRUG ABUSE~~and authorize
DHFS

This bill ~~creates a program in DHFS, funded from federal substance abuse block grant moneys, under which~~ ^{to} DHFS ~~is authorized~~ ^{must} to award the moneys to counties and private entities to provide community-based alcohol and other drug abuse treatment programs. The programs ~~must~~ ^{the} meet special needs of women with problems resulting from alcohol or other drug abuse and must emphasize parent education, vocational and housing assistance and coordination with other community programs and with treatment under intensive care.

*** ANALYSIS FROM -0275/5 ***

~~OTHER HEALTH AND HUMAN SERVICES~~

Under current law, DHFS distributes ~~general purpose revenues and federal revenues, as~~ community aids to counties to provide social, mental health, developmental disabilities and alcohol and other drug abuse services. DHFS ~~is~~ ^{must} ~~required to~~ distribute community aids in the form of a basic county allocation, together with certain categorical allocations, including an allocation for Alzheimer's family and caregiver support. A county's annual community aids allocation is specified in a contract between DHFS and the county, and DHFS distributes the county's allocation in reimbursement of claims submitted by the county for moneys expended for those services. ~~A county must provide matching funds for a year equal to 9.80% of that county's community aids distribution for the year.~~

This bill ~~permits~~ ^{specifies that} DHFS ~~to~~ ^{may} distribute not more than \$4,500,000 of the basic county allocation in each fiscal year based on performance standards for services funded by community aids (developed by DHFS). ~~In addition,~~ the bill provides that, if a care management organization under the family care program, created under the bill (see FAMILY CARE), is available in a county, DHFS may dispose of the county's Alzheimer's family and caregiver support allocation and not more than 21.3% of the county's basic county allocation by transferring a portion of those allocations, as

LONG-TERM CARE, (CS)

determined by DHFS, to the family care program to fund the services of resource centers and care management organizations under that program and by transferring a portion of those allocations, as determined by DHFS, to the county's allocation for adult protective services created under the bill. If DHFS transfers a portion of those allocations to a county's adult protective services allocation, the county must provide matching funds for a year equal to 9.89% of the amount transferred to the family care program and the adult services allocation for the year. The bill also permits DHFS to decrease a county's basic county allocation by the amount that DHFS estimates it will incur in providing services to a former recipient of services funded under community aids who is a participant in the MA buy-in program created under this bill, that is, the program under which a disabled person whose income and assets exceed the limit for MA eligibility may purchase MA coverage (see MEDICAL ASSISTANCE).

*** ANALYSIS FROM -1695/1 ***

Under current law, DHFS ~~administers a grant program for~~ ^{awards grants to} agencies that conduct certain community-based hunger prevention activities. However, ~~under current law~~, DHFS may not distribute grants after June 30, 1999. DHFS must submit a report by June 30, 2000, to the governor and the legislature regarding grants made and the hunger prevention activities conducted using those grants.

This bill repeals the community-based hunger prevention grant program. However, under the bill, DHFS is still required to submit to the governor and the legislature by June 30, 2000, a report regarding grants made and the hunger prevention activities conducted using those grants.

*** ANALYSIS FROM -0536/1 ***

On January 4, 1999, ~~the department of workforce development~~ [✓] DWD assumed responsibility from the clerks of court for receiving and disbursing child support, maintenance, family support and other support-related payments. A payer of

^{This}
support or maintenance ^{currently} must pay an annual receipt and disbursement fee of \$25 to DWD. ~~The~~ bill provides that the receipt and disbursement fee must be paid by wage assignment, just as support and maintenance payments are paid. In addition, the bill authorizes DWD to collect by wage assignment any annual fee payment that was owed to a clerk of court, that was not paid to the clerk and that was shown on DWD's automated payment and collection system on December 31, 1998.

Current law provides that each order for child or family support, maintenance or spousal support is an automatic assignment of a person's wages to DWD in an amount that is sufficient to ensure payment of the amount under the order, as well as any arrearages due at a periodic rate that does not exceed 50% of the amount due under the order, as long as the additional amount for arrearages does not leave the person at an income below the federal poverty line. Current law also provides that, if an assignment does not require immediately effective withholding and the payer misses a payment, the court or family court commissioner may cause the assignment to go into effect by providing notice of the assignment to the payer's employer or other person from whom the payer receives or will receive money. The payer also receives notice and may request a hearing on whether the assignment should remain in effect.

9 This ~~The~~ bill clarifies that the portion of the original assignment that was for any arrearages due is an assigned amount that does not require immediately effective withholding and that, if a payer accrues an arrearage by missing a payment, the assignment of the arrearage may be put into effect, without another court hearing, by providing notice to the payer and to a person from whom the payer receives or will receive money. The bill provides that, in addition to the court and the family court commissioner, the county child support agency may cause the assignment for arrearages to go into effect by sending the required notices.

The bill also provides that the wage assignment of a person obligated to pay support or maintenance continues in effect after the person no longer has a current obligation to pay if the person has an arrearage in the payment of support or maintenance. The amount of the assignment may be up to the amount that the assignment was before the person's current obligation to pay support or maintenance terminated.

***** ANALYSIS FROM -0535/1 *****

Under current law, in a number of situations the state may join in an action affecting the family (such as a divorce action or an action to enforce a child support order) as a real party in interest for purposes of establishing paternity or securing future support or reimbursement of aid paid. The most common situation is when a child or custodial parent of a child involved in the action is the recipient of certain services or benefits provided by the state. ^{This} ~~The~~ bill adds another situation under which the state may join in an action as a real party in interest: if a custodial parent involved in the action is receiving food stamp benefits.

***** ANALYSIS FROM -0498/1 *****

Under current law, health insurers must provide ^{at the request of DHFS,} information to enable DHFS to identify MA recipients who are eligible, or who would be eligible as dependents, for health insurance coverage. ^{This} ~~The~~ bill authorizes DHFS to provide any information that it receives from a health insurer to ~~the department of workforce development (DWD)~~ ^{the department}. The two departments must agree on procedures to safeguard the confidentiality of the information.

***** ANALYSIS FROM -0589/2 *****

Under current law, ~~the department of workforce development (DWD)~~ certifies to the department of revenue (DOR) ^{the} names of individuals who are delinquent in the payment of child or family support, maintenance, medical expenses of a child or birth expenses (support). DOR uses the information to intercept income tax refunds that would be paid to those delinquent obligors. ^{also} ~~DWD~~ provides the certifications that

it makes to DOR to various specified state agencies that make grants or loans to individuals. Any individual who is the subject of such a certification is prohibited from receiving a grant or loan.

Also under current law, if an individual who has a court-ordered obligation to make periodic payments of support fails to make a payment, the amount of the delinquent support automatically becomes a lien against all of the individual's property. DWD is required to maintain a statewide support lien docket that lists the delinquent obligors and the amount of support that each owes.

^{This}
The bill eliminates the requirement that DWD provide to the various specified state agencies the certifications that it provides to DOR. Instead, ^{the bill prohibits} each agency ~~is prohibited~~ from making a grant or loan to an individual whose name appears on the statewide support lien docket, unless the individual provides to the agency a copy of a payment agreement that has been approved by a county child support agency for the payment of the delinquent support.

*** ANALYSIS FROM -0271/4 ***

~~CHILDREN~~

Under current law, the state receives federal foster care and adoption assistance funding under Title IV-E of the federal Social Security Act (generally referred to as IV-E funds), in reimbursement of moneys expended by the state and the counties for activities relating to foster care and the adoption of children. DHFS distributes IV-E funds as community aids to counties for the provision of social services to children and families. If on December 31 of any year there remains unspent or unencumbered in the community aids basic county allocation an amount that exceeds the amount of IV-E funds allocated as community aids in that year (excess IV-E funds), DHFS must carry forward to the next year those excess IV-E funds and distribute not less than 50% of those excess IV-E funds to counties ~~having~~

other than Milwaukee County

~~a population of less than 500,000 counties~~ other than Milwaukee County² for services and projects to assist children and families.

This bill requires DHFS to distribute as community aids to counties ~~having a~~ⁱⁿ ~~population of less than 500,000~~ any federal medical assistance (MA)^{those} funds received as reimbursement of moneys expended in counties ~~having a population of less than 500,000~~^{by} the state and the counties for case management services provided to children who are recipients of MA (MA targeted case management funds). The bill also provides that, if on December 31 of any year there remains unspent or unencumbered in the community aids basic county allocation an amount that exceeds the combined amount of IV-E funds and MA targeted case management funds distributed as community aids in that year (excess IV-E and MA targeted case management funds), DHFS must carry forward to the next year those excess IV-E and MA targeted case management funds and distribute those excess funds to counties ~~having a population of less than 500,000~~ for services and projects to assist children and families.

~~ANALYSIS FROM 02/4/2000~~

Under current law, the state receives federal foster care and adoption assistance funding under Title IV-E of the federal Social Security Act (generally referred to as "IV-E funds"), in reimbursement of moneys spent by the state and the counties for activities relating to foster care and the adoption of children. Currently, IV-E funds are credited to the community aids appropriation account of DHFS and distributed to counties to provide social services for children and families. Currently, if on December 31 of any year there remains unspent or unencumbered in the community aids basic county allocation an amount that exceeds the amount of IV-E funds allocated as community aids in that year (excess IV-E funds), DHFS must carry forward to the next year those excess IV-E funds and distribute not less than

~~The~~
 50% of those excess IV-E funds to counties having a population of less than 500,000
 (counties) for services and projects to assist children and families.

~~This~~ ^{also} bill requires DHFS to establish and counties to implement a statewide automated child welfare information system (generally referred to as "WISACWIS") before July 1, 2006; permits DHFS, beginning on July 1, 2001, to distribute excess IV-E funds only to counties that are making a good faith effort to implement WISACWIS; and permits DHFS to recover from a county that does not implement WISACWIS before July 1, 2006, any excess IV-E funds distributed to that county after June 30, 2001.

*** ANALYSIS FROM -1548/4 ***

~~OTHER HEALTH AND HUMAN SERVICES~~

Under current law, general purpose revenue fund^S services for adolescent parents that emphasize high school graduation and vocational preparation, training and experience (otherwise known as "adolescent self-sufficiency services"); ~~pregnancy and parenthood prevention services to high-risk adolescents (otherwise known as "adolescent pregnancy prevention services"~~ in Milwaukee County, services of an adolescent resource center and services related to development of adolescent parenting skills; and the provision of information to communities about problems of adolescents and information to and activities for adolescents to aid in skills development (otherwise known as "adolescent choices project grants").

This bill ~~decreases or eliminates general purpose revenues and~~ substitutes ^{federal} program revenue service moneys that are received under the TANF block grant program ~~and that are transferred from DWD to DHFS~~ to fund adolescent choices project grants, to fund adolescent self-sufficiency services and adolescent pregnancy prevention services, and to fund, in Milwaukee County, services of an adolescent resource center and services related to development of adolescent parenting skills.

*** ANALYSIS FROM -1604/4 ***

~~that~~ all of
 these services

This bill directs

~~HEALTH~~

~~Under current law,~~ the adolescent pregnancy prevention and pregnancy services board ~~must~~ ^{to} award grants of ~~general purpose revenues of not more than \$439,300 in each of fiscal years 1997-98 and 1998-99~~ to provide adolescent pregnancy prevention programs or pregnancy services. ^{The grants are funded}

~~This bill eliminates general purpose revenue funding for grants to provide adolescent pregnancy prevention programs or pregnancy services and, instead, substitutes program revenue service~~ ^{with} moneys that are received under the ^{federal} TANF block grant program and that are transferred to the adolescent pregnancy prevention and pregnancy services board from ~~DWD~~.

*** ANALYSIS FROM -1551/1 ***

~~OTHER HEALTH AND HUMAN SERVICES~~

This bill ~~provides that some of the moneys received by the state from Indian gaming compacts are to be transferred to DHPB~~ to fund the American Indian drug abuse prevention and education program ~~and~~ to fund the delivery of social services and mental hygiene services to American Indians. ^{and to fund}

*** ANALYSIS FROM -1791/2 ***

~~This bill provides that a portion of the moneys received by the state from Indian gaming compacts is to be transferred to DWD for vocational rehabilitation services for Native American individuals and federally recognized tribes or bands.~~

*** ANALYSIS FROM -0483/4 ***

~~ALCOHOL AND OTHER DRUG ABUSE~~

Currently, each person ordered to pay a fine or forfeiture for operating a motor vehicle while ~~the person is~~ under the influence of an intoxicant, controlled substance or ~~any~~ other drug (OWI) is required to pay a driver improvement surcharge of \$340. A majority (62.4%) of the money collected from the driver improvement surcharge is used by the county where the violation occurred to provide alcohol and other drug abuse services to drivers who are referred for alcohol or other drug abuse assessment.

A portion of
(The remainder of the money collected is paid to the state. Some of that money is used to provide chemical testing training to law enforcement officers by the state traffic patrol. The remainder of the money received by the state ^{and a portion} is allocated by the secretary of administration to various state agencies ~~and the University of Wisconsin System~~ for services related to OWI offenses, after the secretary of administration consults with the secretaries of health and family services and transportation, the superintendent of public instruction, the attorney general and the president of the ^{UW} University of Wisconsin System.

Under this bill, of the money received by the state from the driver improvement surcharge, \$290,900 is transferred to the department of transportation ~~known~~ for the purchase of preliminary breath screening instruments. These instruments are used to test the breath of a person who is suspected of committing an OWI offense at the time that the person is stopped to help determine if an arrest is appropriate.

*** ANALYSIS FROM -2077/1 ***

INSURANCE

This
~~The~~ bill requires every managed care plan, which is, generally, a health care plan that requires insureds to obtain services from certain specified providers under contract with the health care plan, to offer at least one point-of-service coverage option in each geographical service area of the managed care plan. A point-of-service coverage option is ~~defined in the bill as~~ a coverage option under which an insured may obtain health care services that are paid for by the health care plan from a provider of his or her choice, regardless of whether that provider is a participating provider of the insured's health care plan or a member of the health care plan's provider network.

*** ANALYSIS FROM -1815/1 ***

This
~~The~~ bill authorizes the office of the commissioner of insurance (OCI) to make a grant of not more than \$200,000 to a private organization for the establishment of private health insurance purchasing pools for small employers. (Generally, small

employers are those with 50 or fewer employees.) The private organization must submit a business plan to OCI and the commissioner of insurance (~~commissioner~~) must approve the plan before the grant may be made. OCI and the private organization must enter into a written agreement concerning the use of the grant proceeds, and the private organization must submit a report to OCI after spending the proceeds.

^{most}
*** ANALYSIS FROM -0503/P1 ***

Under current law, policy forms for all types of insurance ~~not exempted from the requirement by statute~~ must be filed with OCI and approved prior to use. ^{This} ~~The~~ bill allows the commissioner to exempt ~~policy~~ ^{rule} from the requirement for prior filing and approval ~~other~~ classes of insurance policy forms.

^{currently}
*** ANALYSIS FROM -0506/2 ***

OCI charges various fees for services that it provides, as well as for its regulation of the insurance industry. ^{This} ~~The~~ bill changes the amount of the fee that OCI charges an applicant for examination for a license as an insurance intermediary and the amount of the fee for regulating an insurance intermediary each year after the year in which the intermediary's license was initially issued to amounts set by the commissioner by rule.

*** ANALYSIS FROM -1256/P4 ***

^{that}
LOCAL GOVERNMENT

~~OTHER LOCAL GOVERNMENT~~

Under current law, a county board may engage in zoning and land-use planning ~~which~~ ^{that} may result in the preparation of a county development plan for the physical development of the towns within the county and for the cities and villages within the county whose governing bodies agree to have their areas included in the county plan. The development plan may include a number of elements, such as comprehensive surveys, existing land-use, population, economy, soil characteristics, wetland and floodplain conditions and natural features of the county. ~~The plan~~

which may be amended, may identify goals and objectives for the future physical development of the county with respect to land-use issues, transportation issues, recreational facilities, sanitary and storm water issues, waste disposal issues and ~~pollution issues that will improve the physical and economic situation of the county~~

Also under current law, a city or village, or certain towns that exercise village powers, may create a plan commission to engage in zoning and land-use planning ^{which results in the adoption of} ~~which results in the adoption of~~ a master plan for the physical development of the city, village or town including, in some instances, unincorporated areas outside of the city or village. The master plan, ~~which may be amended~~, is required to show the commission's recommendations for such physical development, and must also contain a comprehensive zoning plan.

Also under current law, regional planning commissions (RPCs) may be created by the governor or, in response to a resolution submitted by the governing body of a city, village, town or county (political subdivision), by a state agency or official that the governor designates ~~by the governing body of a city~~. Currently, there are eight multicounty RPCs in the state ^{and} ~~one~~ RPC that consists only of Dane County ^{and five} ~~and five~~ counties ^{which} ~~that~~ are adjacent to Dane County, ^{and} ~~and~~ are not in an RPC. Generally, the membership composition of ^{an} ~~an~~ RPC ^{is} ~~is~~ specified by statute, and the governor may dissolve an RPC by the request of a majority of the local governments in the region.

An RPC ~~may conduct all types of research studies, and make plans for the physical, social and economic development of the region. An RPC may also provide advisory services on regional planning problems to the political subdivisions within its region.~~ The RPC is ~~also~~ ^{must} required to prepare a master plan for the physical development of the region, which ~~shall~~ ^{must} contain the RPC's recommendations for such physical development. The elements of an RPC's master plan are the same as the elements contained in a master plan developed by a city, ^a ~~village~~ and certain towns,

although all of an RPC's functions are solely advisory to the political subdivisions that comprise the region.

This bill changes the membership composition of the Dane County RPC on the 31st day after the effective date of the bill, and dissolves the ~~commission~~^{RPC} on December 31, 2001. Under the bill, all of the members of the Dane County RPC are appointed by the governor from lists submitted by the Dane County executive, the mayor of the city of Madison and associations representing third and fourth class cities, villages and towns. If the Dane County RPC has any outstanding debt on the date of its dissolution, that debt is assessed to Dane County. The bill also requires the five boards of the counties that are not in ^{an} RPC, and the Dane County board, to vote on whether they want to participate in a new multi^ecounty RPC. If at least two-thirds of the voting counties approve, the new RPC becomes effective on January 1, 2002. The bill also specifies that the membership composition of all RPCs that are created after December 31, 2001, that include a county that contains a 2nd class city ~~shall~~^{must} follow the same statute that sets the membership composition for a RPC that contains a 1st class city. Finally, the bill prohibits after December 31, 2001, the creation of ^{an} RPC that consists of only one county.

^{The} ~~This~~ bill ^{also} changes the ~~current law~~ requirements that must be contained in a county development plan or a city, village, town or RPC master plan. Under the bill, all such plans must ^{do} ~~have~~ all of the following ~~elements~~^{Include}:

1. ~~An issues and opportunities element, which contains~~ background information on the local governmental unit ~~(a political subdivision or an RPC)~~ and a statement of objectives, policies, goals and programs of the local governmental unit to guide the future growth and development of the local governmental unit over a 20-year planning period.

2. ~~A housing element that contains~~^{Include} information on the local governmental unit's housing stock and plans for housing for residents with all income levels and various needs.

3. ~~A transportation element that~~ addresses transportation issues and evaluates the relationship between the local governmental unit's transportation plans and state and regional transportation plans.

4. ~~A utilities and community facilities element to~~ guide the development of public and private utilities, governmental services and community facilities.

5. ~~A natural and cultural resources element to~~ guide the development of conservation policies for, and the effective management of, natural, historic and cultural resources.

6. ~~An economic development element that~~ promotes the stabilization, retention or expansion of the economic base of, and quality employment opportunities in, the local governmental unit.

7. ~~An intergovernmental cooperation element that~~ provides for joint planning and decision making with other jurisdictions.

8. ~~A land use element to~~ guide the future development and redevelopment of public and private property in the local governmental unit.

9. ~~An implementation element that~~ contains programs and specific actions to be completed in a stated sequence, including proposed changes to any applicable zoning ordinances, building codes or subdivision ordinances, to implement the other elements.

The bill does not, however, require a local governmental unit to take any specific action at any particular time. If a local governmental unit that has not created a development plan or a master plan before the effective date of the bill does so, or

amends an existing plan after the effective date of the bill, the new elements of a development plan or master plan that are contained in the bill must be used.

***** ANALYSIS FROM -1641/P4 *****

Under current law, most towns may incorporate as a city or village only after following certain procedures and receiving approval for the incorporation from a circuit court and from the department of administration (DOA). The circuit court must review the incorporation petition to ensure compliance with procedural and signature requirements and must make several determinations relating to minimum area and population density requirements of the area to be incorporated. This bill reduces the minimum area requirements from four square miles to three square miles under certain circumstances. DOA must also determine whether the proposed incorporation is in the public interest.

Current law also allows any combination of cities, villages or towns (municipalities) to determine the boundary lines between them under a cooperative plan that is approved by DOA. NO P

This bill authorizes municipalities that enter into a cooperative plan to include as part of the plan the incorporation of all or part of a town into a city or village. Because an incorporation that is part of a cooperative plan may not take effect unless it is approved in a referendum, such a plan must include a contingency cooperative plan that will take the place of the plan if the proposed incorporation is defeated in the referendum. An incorporation as part of a cooperative plan is subject to DOA review and very limited circuit court review.

***** ANALYSIS FROM -1007/P9 *****

Under current law, a city, village, town or county (political subdivision) may create an environmental remediation tax incremental district (ERTID) to defray the costs of remediating contaminated property that is owned by the political subdivision. The mechanism for financing costs that are eligible for remediation is

eligible

E1 -0772

very similar to the mechanism under the tax incremental financing (TIF) program.

If the remediated property is transferred to another person and is then subject to property taxation, environmental remediation (ER) tax incremental financing may be used to allocate some of the property taxes that are levied on the property to the political subdivision to pay for the costs of remediation.

Under this bill, ER tax incremental financing may be used to defray the costs of remediating contaminated property that is owned by private persons.

^{currently} Before ^a ~~the~~ political subdivision may use ER tax incremental financing, ~~however~~ it must create a joint review board that is similar to the current ~~tax~~ tax incremental district (TID) ^{joint} review board, or a city or village may use an existing TID joint review board, to review the political subdivision's proposal to remediate environmental pollution. If the joint review board approves the proposal, the political subdivision may proceed with its plan. An ERTID joint review board is made up of one representative chosen by the school district that has power to levy taxes on the property that is remediated, one representative chosen by the technical college district that has power to levy taxes on the property, one representative chosen by the county that has power to levy taxes on the property that is remediated, one representative chosen by the political subdivision and one public member.

This bill ~~changes current law by~~ ^{clarifies} that the joint review board consists of one representative from each of the taxing jurisdictions that has power to levy taxes on the property in the ERTID.

~~Also~~ ⁵ under current law, if more than one school district, more than one technical college district or more than one county has the power to levy taxes on the property that is remediated, the unit in which is located property that has the greatest value ~~shall~~ choose ⁵ that representative to the board. Under the bill, a similar provision ~~is~~

~~made~~^{applies} if more than one city, village or town has the power to levy taxes on the property that is remediated.

~~Currently~~[^] A political subdivision that has incurred ^{to} "eligible costs" to remediate environmental pollution on a parcel of property may apply to the department of revenue (DOR) to certify the "environmental remediation tax incremental base" (ERTIB) of the parcel. ~~DOR is required to certify the ERTIB if the political subdivision submits to DOR a number of documents relating to the costs incurred, expenditures made, certification of the department of natural resources (DNR) that the ER has been completed and a statement that the political subdivision has attempted to recover its ER costs from the responsible party.~~

Under the bill, the environmental remediation does not need to be completed before a political subdivision may ~~ask~~^{apply to} DOR to certify the ERTIB. The political subdivision is required, under the bill, to submit to DOR a statement that the political subdivision has incurred some eligible costs and ^{to} included with the statement a detailed proposed remedial action plan that contains cost estimates for anticipated eligible costs. The political subdivision is also required to include certification from DNR that the department has approved the site investigation report that relates to the parcel.

~~Currently~~[^] Eligible costs are costs related to the removal, containment or monitoring of, or the restoration of soil or groundwater affected by, environmental pollution. Eligible costs are reduced by any amounts received from persons who are responsible for the discharge of a hazardous substance on the property and by the amount of net gain on the sale of the property by the political subdivision.

~~This~~[^] The bill changes the definition of eligible costs to include ^S property acquisition costs, costs associated with the restoration of air, surface water and sediments affected by environmental pollution, demolition costs including asbestos removal, and removing and disposing of certain abandoned containers. The bill reduces

the costs of

in eligible costs

eligible costs by any amounts received, or reasonably expected by the political subdivision to be received, from a local, state or federal program for the remediation of contamination in the district ^{and} that do not require reimbursement or repayment. Under the bill, a political subdivision is authorized to use an ER tax increment to pay the cost of remediating environmental pollution of groundwater without regard to whether the property above the groundwater is owned by the political subdivision.

*** ANALYSIS FROM -0345/P4 ***

Under current law, town territory that is contiguous to any city or village may be annexed to that city or village ~~under several methods. Two of the methods are direct annexation and annexation by referendum.~~ ^{NO} ~~§~~

~~Under both of these methods,~~ in a county with a population of at least 50,000, ~~the department of administration (DOA)~~ ^{DOA} is authorized to mail to the clerks of the town and city or village involved in the proposed annexation a notice that states that, in the opinion of DOA, the annexation is against the public interest. Currently, DOA renders its opinion within 20 days after receipt of the notice of annexation.

Under this bill, the period of time under which DOA renders its opinion is expanded from 20 days to 60 days. ~~The bill also states that~~ DOA may halt the annexation process if DOA determines that the legal description or scale map is illegible, contains errors that prevent DOA from ascertaining the territory that is proposed to be annexed or ^{docs} ~~do~~ not conform to generally accepted standards for the preparation of legal descriptions ^{or} ~~and~~ scale maps. If the proposed annexing city or village cures these defects to DOA's satisfaction, the annexation process ^{may} ~~will~~ proceed.

Currently, an annexation ordinance takes effect upon the enactment of the ordinance. Under the bill, an annexation ordinance does not take effect until it is recorded with the register of deeds.

*** ANALYSIS FROM -1006/P2 ***

Under the current blighted area law, cities, villages and towns (municipalities) may undertake redevelopment projects, which include the acquisition of property, to improve conditions in blighted or slum areas. Under the current Blight Elimination and Slum Clearance Act, a redevelopment authority is created in every municipality in which slum and blighted areas exist to engage in blight elimination, slum clearance and urban renewal programs. Under the law incremental financing (TIF) program, cities or villages may create tax incremental districts to foster redevelopment in blighted or slum areas.

This bill adds environmental pollution to the current definition of a blighted area under the blighted area law, the Blight Elimination and Slum Clearance Act and the TIF program.

*** ANALYSIS FROM -0772/P1 ***

Under current law, a city, village, town or county (political subdivision) may create an environmental remediation tax incremental district (ERTID) to defray the costs of remediating contaminated property that is owned by the political subdivision. The mechanism for financing costs that are eligible for remediation is very similar to the mechanism under the tax incremental financing (TIF) program. If the remediated property is transferred to another person and is then subject to property taxation, environmental remediation (ER) tax incremental financing may be used to allocate some of the property taxes that are levied on the property to the political subdivision to pay for the costs of remediation.

A political subdivision that has incurred "eligible costs" to remediate environmental pollution on a parcel of property may apply to the department of revenue (DOR) to certify the "environmental remediation tax incremental base" (ERTIB) of the parcel. DOR is required to certify the ERTIB if the political subdivision submits to DOR all of the following: 1) a statement that the political subdivision has incurred eligible costs, detailing the purpose and amount of the

expenditures, and including certification of the department of natural resources (DNR) that the ER has been completed; 2) a statement that all taxing jurisdictions with authority to levy general property taxes on the parcel of property have been notified that the political subdivision intends to recover its ER costs by using an “ER tax increment”, and 3) a statement that the political subdivision has attempted to recover its ER costs from the responsible party.

“Eligible costs” are capital costs, financing costs and administrative and professional service costs for the removal, containment or monitoring of, or the restoration of soil or groundwater affected by, environmental pollution. Eligible costs are reduced by any amounts received from persons who are responsible for the discharge of a hazardous substance on the property to pay remediation costs and by the amount of net gain on the sale of the property by the political subdivision. The “ERTIB” of the property is the property’s equalized value as of the January 1 preceding the date on which DNR certifies that the property has been properly remediated.

Before the political subdivision may use ER tax incremental financing, however, it must create a joint review board that is similar to the current law tax incremental district (TID) joint review board, or a city or village may use an existing TID joint review board, to review the political subdivision’s proposal to remediate environmental pollution. If the joint review board approves the proposal, the political subdivision may proceed with its plan. An ERTID joint review board is made up of one representative chosen by the school district that has power to levy taxes on the property that is remediated, one representative chosen by the technical college district that has power to levy taxes on the property, one representative chosen by the county that has power to levy taxes on the property that is remediated, one representative chosen by the political subdivision and one public member.

Under current law, any person may inspect, copy or receive a copy of a public record unless the record is specifically exempted from access under state or federal law or authorized to be withheld from access under state law, or unless the custodian of the record demonstrates that the harm done to the public interest by providing access to the record outweighs the strong public interest in providing access.

Applying this test, the courts have denied requests for access to some personnel records of public employees, such as home addresses of law enforcement officers. See *State ex rel. Journal / Sentinel, Inc. v. Arreola*, 207 Wis. 2d 496, 516 (Ct. App., 1996).

This bill specifically authorizes the custodian of any record of a local governmental unit to withhold from access information contained in a record of the governmental unit pertaining to the home address or home telephone number of ~~an~~^{any} employee of that governmental unit.

*** ANALYSIS FROM -1399/2 ***

NATURAL RESOURCES

FISH, GAME AND WILDLIFE

This bill changes the fees charged by the department of natural resources (DNR) for certain hunting and fishing approvals. For hunting, the bill increases the fees for all resident hunting licenses except turkey hunting licenses and small game hunting licenses issued to certain persons. The bill increases the fees for all nonresident hunting licenses except turkey hunting licenses. The bill also increases the fees for trapping licenses, bonus deer hunting permits and wild turkey hunting stamps. The bill decreases the fee for pheasant hunting stamps.

For fishing approvals, the bill increases the fees for resident annual fishing licenses and fishing licenses issued jointly to resident married couples. The bill increases the fees for all nonresident fishing licenses except two-day sports fishing licenses. The bill increases the fee for sturgeon spearing licenses. ~~The bill~~^{and} decreases the fees for inland waters trout stamps and Great Lakes trout and salmon stamps.